VS A15 (4) 15M 9/5B

ours after death. Page 4

1

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5335

#### **CERTIFICATE OF DEATH**

1. PLACE OF DEA	ATH Anne Arundel		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE	ere deceased	lived. If institution b. COUNTY	on: Residence	ce before	admissi	ian) 🗸
RURAL ond	OWN (If autside carporote lim give nearest tawn) aurel, Md.	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Washington, D.C.				3		
d. NAME OF A	Children's	ai'nin Cente	rgchool		d. street address 766 Irving	Stree	et, N.W.		e.	ONA	DENCE FARM? NO4
3. NAME OF DECEASED (Type or print)	Jar		Middle Edward		Armstrong, Jr.	4. DATE OF DEATH	Mon Ma		23°	Y	<sup>(eor</sup> 60
5. SEX male	6. COLOR OR RACE	7. MARRI WIDOWE	D DIVORCED		8. DATE OF BIRTH Feb. 25, 1941	1	9. AGE (In years last birthdoy) 10 yrs.	Manths Manths	-	Hours	R 24 HRS. Min.
during mast	UPATION (Give kind of work of working life, even if retired	done 10b. I	KIND OF BUSINESS OR	INDU	Washington	, D.C.	untry)		ZEN OF V	WHAT CO	OUNTRY?
13. FATHER'S NA					14. MOTHER'S MAIDEN N						
an anna Bearta	James Edward			1	Grace The	omas					
Yes, no, or unknown)	EDEVER IN U. S. ARMED FOR		SOCIAL SECURITY NO.		NFORMANT		Add				
	OF DEATH [Enter only one co		en est	C	hildren's Cen	ter, L	aurel, M	d.		VAL BET	
gave rise couse (a), s lying cause	DUE TO  s, if any, which to immediate toting the under- b lost.  II. OTHER SIGNIFICANT CON	) ) )	Muscular Mental ret	ard	ation	NAL DISEASE	CONDITION GIV	EN IN PART		PERFOR	AUTOPSY RMED?
OR CONTRIB	NT WAS UNDERLYING DEATH COLOR OF DEATH COLOR OF MEDICAL EXAMINER)		CRIBE HOW INJURY OC	CURRE	D. (Enter nature af injury in F	art I ar Port	II af item 1B.)				
Haur	INJURY Manth, Day, Ye o. m. p. m.	While	Not while at work		ACE OF INJURY (Hame, farm, ctary, street, office bldg., etc.		ar town)	(C	county)		(State)
21. I certi alive an M  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type	James E	1960			accurred a5:50A.	M, from the ADDRESS (Strains Cent	he causes an et, city or town, er, Laur	d an the stote)	date	DATE 5/23	above. E SIGNED
220. BURIAL, CRE REMOVAL (S Burial	MATION, 22b. DATE THEREO		Mt. Oliv				ON (City, town, congton,			(Stote	=)
23 FUNERAL DIRE	ECTOR'S SUSNATURE	n	20 9th 5	you	ELU DATMAY	25 '60		STRAR'S SIG			

which is The other house, or the many with the same of PROPERTY OF THE PROPERTY OF TH lay 27, 50 M. Clarus Someters . Hagning o, 2.0. 

	E OF DEATH	CERTIFICAT	RESE.
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			and the second s
in en u			
the state of the s			

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5297

**CERTIFICATE OF DEATH** 

05289 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (		L COUNTY	dence before ode	•
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If outside corporate li	mits, write RURAL or		
Anna polis  d. NAME OF HOSPITAL (If not in hospitol, give street of institution)  Anne Arundel General Hospital	8 days oddress) [tal	d. STREET ADDRESS	RAL - Arno	ота	01	RESIDENCE N A FARM?
3. NAME OF First DECEASED (Type or print) Fidwin	Middle	lost BANGERT	4. DATE OF DEATH	Month May	Doy 6	Yeor 1960
5. SEX 6. COLOR OR RACE 7. MARR Male White WIDOWE		8. DATE OF BIRTH February 14			DER I YEAR IF U	NDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done 10b. Juring most of working life, even if retried)  13. FATHER'S NAME  10. TOTAL THER'S NAME  10. TOTAL THER'S NAME		STRY 11. BIRTHPLACE (St	ote or foreign country  Land  N NAME		U.S.	HAT COUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes. give wor or dates of service)	SOCIAL SECURITY NO. 17. 1	INFORMANT HILDA	10	Address NGERT	- (3	
PART 1, DEATH (Enter only one couse per lime of the couse of the couse (a).  Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	Cormony Sen. Arter	y Thront arting	vois Moins o chy	pufins	ONSET A	BETWEEN NO DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT				PE	AS AUTOPSY RFORMED?
	Not while fo	ACE OF INJURY (Home, fi clory, street, office bldg.,	orm, 20f. (City or to	wn)	(County)	(State)
21. I certify that I attended the decease alive an May 5, 19 (ACTUAL SIGNATURE MANNEY OK		accurred at 3:45	A.M. from the	e causes and an		
PHYSICIAN'S Maurice Klawans		Annapo	olis, Md.	~~=====		
220. BURIAL, CREMATION, 22b, DATE THEREOF MAY 9-1966	TLEASTERY OF CEMETERY OF	or crematory	22d. LOCATION	City, Jown, or count	y) 8	Med
23, FUNERAL DIRECTOR'S SIGNATURE Coms	Commapo	Certital.	EC'D BY REGISTRAR	24b. REGISTRAR'S Onthun	SIGNATURE S. KLAUS	

in by the funeral director, and 2 should be filled with OFU. T.AL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. TO FU

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4,

1,3 THE RESERVE OF THE PROPERTY OF THE PARTY OF A PRINCIPAL OUT THE PROPERTY OF THE PROPERTY O The state of the s CANADA COMPANY OF THE PROPERTY 

If any delay is necessary, please exe-he fune director. Page 4 shauld be for you lies.

crematian,

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5298 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0529n Reg. Dist. No.

	PLACE OF DEATH O. COUNTY A. CO. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  A  C  O
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest form)  DU DO 115 - MD  TO 0.4"	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	Dogwood Trails Part VES NOW
	NAME OF First Middle  DECEASED (Type or print)  Charles	BATE Month Day Year S 15 1960
	6. COLOR OR RACE 7. MARRIED NOVER THANKIED 8 WIDOWED DIVORCED 7	DATE OF BIRTH  9. AGE (In years lost birthday)  Tune 1908  9. AGE (In years lost birthday)  Months Days Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Washing 15 T  13. FATHER'S NAME	RY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ind SOCIAL SECURITY NO. 17. IN  Yes, no. or unknown)  If yes, give war or dates of service  Unknown  14	NORMANT Plan Griffith to Stand Stand Ave-
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)	INTERVAL BETWEEN ONSET AND DEATH  LEVEL COMMENTS ON THE COMMEN
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		nter noture of injury in Port 1 or Port 11 of item 18.)  CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED factor of work 21. I certify that I took charge of the remains described about	ve, held an Autopsy , Inspection , Inquiry , and find that
	death resulted from Natural causes , Accident , Suice ACTUAL SIGNATURE	we, held an Autopsy, Inspection, Inquiry, and find that cide, Homicide, Undetermined cause
12	20. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER 5-/5-60  CREMATORY   22d. LOCATION (City, town, or county) (Stote)
2	Burge 18 18 14 1960 London Park 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS IN	Cen- Balto. 141.
	promy blon blen But nie!	Q. DATE MAY 1 9 '60 arithur S. Kraus

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any detay is necessary, prout certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 for wed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for yeariles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, or removal. VS. A15ME(5) 5M 9/55

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VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

5299 **CERTIFICATE OF DEATH**  05291 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arur		MARYLAND	2. USUAL RESIDENCE o. STATE Maryl	(Where decessed	d lived. If institution b. COUNTY	Anne A		
b. CITY OR TOWN (If outside corpore RURAL and give nearest town) Annapolis	ate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporale limits, write RURAL and give nearest town)  Gambrills				)	
d. NAME OF HOSPITAL (If not in hose or institution  Anne Arundel Ger		oddress)	d. STREET ADDRESS  e. IS RESII ON A YES					
3. NAME OF DECEASED (Type or print)	First essie	Middle Ann	Baumgardner	4. DATE OF DEATH	Mon Ma	- 0	,	reor 19 60
5. SEX 6. COLOR OR Female White		RIED NEVER MARRIED DED DIVORCED	8. DATE OF BIRTH Feb. 2. 1	897	9. AGE (In years lost birthday) 63 yrs.	Months Doys	Hours Hours	R 24 HRS. Min,
100. USUAL OCCUPATION (Give kind of during most of working life, even if house wife  13. FATHER'S NAME  Lafayette Hour		own home	14. MOTHER'S MAIDE	rginia	ountry)	U.S		COUNTRY
15. WAS DECEASEDEVER IN U. S. ARME (Yes, no. or unknown) NONE    If yes, give war or or or none	D FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Hospital re		Addr	ess		
Conditions, if ony, which gove rise to immediate cause (o), stating the <u>underlying</u> couse lost.	OUE TO  (b) CITO  (c)	uts myselve buonlinotre a	lich sufre	Ben dir	E CONDITION GIV	4	SET AND  ALL  19. WAS A  PERFO	AUTOPSY
PART II. OTHER SIGNIFICAN  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAM  20c. TIME OF INJURY Month, Do Hour o. m.  P. m.	DEATH INER)	Not while	ED. (Enter nature of injury PLACE OF INJURY (Home, actory, street, office bldg.,	form, 20f. (City		(County)	YES 🛛	(Stote)
21. I certify that I attende alive on May 28.  ACTUAL SIGNATURE ACTUAL SIGNATURE		ed fram July	m.p. 121 Col	M, fron	the causes a good, city or lown,	nd an the do	ite state	
220. BURIAL, CREMATION, 22b. DATE 1	THEREOF	22c. NAME OF CEMETERY C		22d. LOCAT	TION (City, town, o	or county)	(State	•)
23. FUNERAL DIRECTOR'S SIGNATURE	Head	Annapolis, Md	24a. F	PEC'D BY REGIST	RAR 24b. REGIS	itrak's signatu		

12.700 4 . 7 1 S CONTINUE AND THE ROLL IN COLUMN TWO IS NOT THE RESIDENCE AND ADDRESS OF THE PARTY OF THE PAR medicine and the second reference of much at the contract the second of COOR SERVICE COOR to the second to the second Feet e The state of the same material

05292

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COLINTY
Anne Arundel MARYLAND	o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) Annapolis	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Annapolis
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Anne Arundel General Hospital	104 Old Crossing Land YES NO.
3. NAME OF First Middle  OECEASED (Type or print) Louise	BEADLE 4. DATE Manth Day Year OF DEATH May 30 19 60
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Min
Female White WIDOWED DIVORCED	March 5, 1915 (lost birthday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  TEACHER  PUBLIC SCHOOL	25 Pennsylvania U.S.
13. FATHER'S NAME Henry M. Meixner	14. MOTHER'S MAIDEN NAME
15. WAS DECEASEDEVER IN U.S. ARMED PORCES? 116. SOCIAL SECURITY NO. 17. III	NFORMANT Address
(Yes, no, or unknown) (If yes, give wor or dates of service)	PAUL M. BEADLE #2
1B. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c),  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	failure Interval Between onset and Death
Canditions, if any, which)  Calculations	rary Congostion / days
gave rise to immediate cause (a), stating the under.	1.0000 3/4
lying couse last. (c)	ill occurring of only street
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRE  OR CONTRIBUTING   CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 11/1 19. WAS AUTOPSY PERFORMED?  YES NOTE:  N
	D. (Enter nature of injury in Port I ar Port II af item 18.)
	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City ar town) (Caunty) (State)
21. I certify that (1) (this haspital) attended the deceased fram	March 1960, to May 30, 1960, that (1) (we) last
	death accurred at 9: M, from the causes and an the date stated above.
220. SIGNATURE Churchaff.	M.D. PHYS. STAFF 22b. DATE \$1GNED 5/31/60
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Stuart M. Christhilf, 'r.	1 60 Franklin St., Annapolis, d.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CORRECTED HILLCREST	WEM. CEM. ANNAPOLIS MO
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
NOHN M. TAVIOR SON ANNAPOLIS	MA DATRILL 2 160 01 01

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page papers. Pages haurs after death. and campletely fill may evalued by the haspital ar attending physician. **D FUNEXAL DIRECTOR**: After this certificate has been signed by the attending physician page 3 shauld be detached far use as the burial-transit permit. Then please reprove control state Board of Health priar to burial, crematian, ar remayal, and in any expetitivithin.

TO FUNEX VR A1S (4) 1SM 9/S9

Tolmer, Sant TENDER OF THE PROPERTY OF THE THE THE SERVICE FOR THE PERSON AND THE PROPERTY OF THE PERSON AND THE P The design of the second of the Carlo Markers Commenced Commenced BURGE STREET LIVE FIRE TO THE WEST AND BURGETS STORY When the Talk of Food Andrews I the a summer of the second

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH should be Reg. Dist. No. crepatio PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institutiona Residence before admission) o. COUNTY b. COUNTY and MARYLAND burial, b. QTY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate/limits, write RURAL and give nearest tawn) 0 OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO registror NAME OF Middle DATE Day Year DECEASED (Type or print) 2 DEATH 196x for 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yedre IFUNDER TYEAR IF UNDER 24 HRS. 0 Months Hours WIDOWED [ with 2 with 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? ond ofter 2, an arpenter and be 13. FATHER'S MAME may 14. MOTHERIS MAIDEN NAME Give Pages 1, 5 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17/INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERPAL BETWEEN PART I. DEATH WAS CAUSED BY: form per IMMEDIATE CAUSE (o) burial-transit **DUE TO** Conditions, if ony, which alang gove rise to immediate couse **DUE TO** (o), sloting the underlying couse lost. 2 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY õ PERFORMED? 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 shauld word 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) Medical Page 3 st Hour factory, street, office bldg., etc.) While Not while a. m. p. m. of work of work writing 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Id. Inquiry Chief / RECTOR: death resulted frame Natural causes Accident Suicide 1 Homicide . Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER 00 SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or sounty) REMOVAL (Specify) Uria 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

NO

(State)

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d within 24 hours

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VS A15 (4) 15M 9/55

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5302

CERTIFICATE OF DEATH

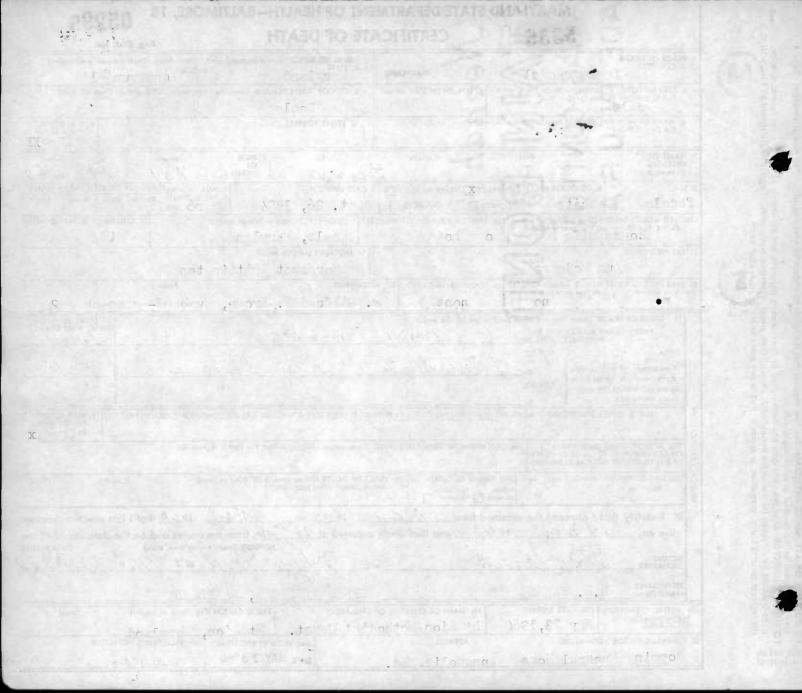
05294 Reg. Dist. No.

1	PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to . STATE b. COUNTY	efare admission)
1	b, CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	nearest town)
	ARURAL and give nearest town)	VOANNILA	
1	U. NAME OF HOSPITAL (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE
	COR INSTITUTION LA PARA	55-564 RSA	ON A FARM? YES NO D
	NAME OF First , Middle	L Loft 4. DATE Month	
1	(Type or print) A M I N A A LITES	Booth OF Month	Day Year
1	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Pagi /	AR IF UNDER 24 HRS.
1	WIDOWED DIVORCED	1 + 31 1000 last bishday) Months Da	
1		ISTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZE	OF WHAT COUNTRY?
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11/0 11/11	C /
1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME 277	13.17
T	Valid I I I I I I I I I I I I I I I I I I I	14. MOTHER'S MAIDEN NAME Maiden:	1//
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	Inprous
	Yes, no. or unknown) (If yes, give war or dates of service)	- 11 b +1 1	, A.
1	The court of province	AMES 17, Doolh-808 J	PA MOAC
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:		NTERVAL BETWEEN
ı	IMMEDIATE CAUSE (o) CONGES LIVE HEAT	t Failure -	2 yrs.
	443X DUE TO		
	Conditions, if any, which gove rise to immediate (b) Hypertensive Ca	rdio Vascular Disease Gr. IV	
	couse (o), stoting the under- DUE TO	eringolerogic	
١,	7/mg cost 10st. / (c)		
5 3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED?
	20- ACCIDENT WAS UNDERLYING TO 201- DESCRIBE NOW INTUING OCCURRE	50 (F	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20d. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH OR CONTRIBUTING  CONTRIBUTING	ED. (Enter nature of injury in Port 1 or Part 11 of item 18.)	
-		ACE OF INITIARY (AL	
100	Hour o. m. 19 of work Not white	LACE OF INJURY (Home, farm, 20f. (City or town) (Cauractory, street, affice bldg., etc.)	ty) (State)
1	p. m. If of work of work		
	21. I certify that I attended the deceased fram. 3/21	, 19.60 , to 5/6/, 19.60 ,that I last	
	alive an 5/6/ , 19 60 , and that deat	h accurred at 8:15 PM, fram the causes and an the	
П	ACTUAL The due VI Cal. "W. I	ADDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE STELLIGIE M. Softnace MCC	M. 37 Calvert St., Annapolis, Md. 5	/1/60
	PHYSICIAN'S		
ļ.	NAME (Type) Dr. Theodore H. Johnson, Jr.		
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY (	OR CREMATORY 22d. JOCATION (City, town, or county)	(Stote)
-	DUFFAL 5-10-60 Drewer	TILL HINNAPOLIS	110
2	3. FUNERAL DIRECTOR'S SIGNATURE THE ADDRESS	240. REC'D BY REGISTRAR 248. REGISTRAR'S SIGNA	TURE
F	- 14.1116113 TINNAPOLA	DATE MAY 17'60   Outling 8;	Kome

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

突	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 052  5336 CERTIFICATE OF DEATH  Reg. Dist. No.	
(N	1. PLACE OF DEATH o. COUNTY Anne Arundel  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before the county of t	
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Deale	rest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO XX
	3. NAME OF DECEASED (Type or print) IVA IRENE BYOWN 4. DATE Month Dog OF DEATH May 19	Y Yeor 7 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Wildowed Divorced Oct. 26, 1894 9. Months Days	IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  House wife own home Deale, Maryland USA	F WHAT COUNTRY?
	13. FATHER'S NAME  Lum Rodgers  Margaret Whittington	
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service) no none 16. SOCIAL SECURITY NO. 17. INFORMANT Address  No Nilfred W. Brown, Husband— same a	as # 2
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions. if any, which gove rise to immediate couse (a), stoting the under: lying couse lost.  ONS  DUE TO  Conditions. if any, which gove rise to immediate couse (a), stoting the under: lying couse lost.  ONS  DUE TO  Conditions. if any, which gove rise to immediate couse (a), stoting the under: lying couse lost.	ET AND DEATH,  mmed
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P. WAS AUTOPSY PERFORMED? YES NO T
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Not while of work at work at work at work at work at work.	(State)
1	21. I certify that I attended the deceased from May, 1949, to 9Mdy, 1960, that I last so alive on 19 May, 1960, and that death occurred at 11 MM, from the causes and an the dat ADDRESS (Street, city of town, stole)  ACTUAL SIGNATURE M.D. MARYLAND  PHYSICIAN'S NAME (Type) R.B. SASSER MD UPPER MARLBORA, MARYLAND	
	220. BURIAL CREMATION, BERNOVAL (Specify)  May 23, 1960	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  Hopping Funeral Home Annapolis Md.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR  DATE MAY Z 3 '60  Author 8 Km.	



7 FilmG264 6-13-60 et CERTIFICATE OF DEATH 5303 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence Office admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (It/posside corporate limits, write RURAL and give bearest town pe RURAL and give negrest town) should d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO K NAME OF 3. First Middle Last 4. DATE Month Day Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS dst birthday) Months Hours DIVORCED [ WIDOWED TO 100. DSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY! during most of working life, even if retired) 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give wor or Bates of service) 18. CAUSE OF DEATH [Enter only one cause per line-for (s), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY PERFORMED? YES NO D 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Year (County) (State) factory, street, office bldg., etc.) Hour a. ft. While Not while at work of work p. m. 21. I certify that I attended the deceased from 1960 that I last saw the deceased glive on and that death occurred at\_ M, from the causes and on the date stated above. ADDRESS (Street, city or town state) DATE SIGNED ACTUAL PHYSICIAN'S JOHNSON NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 229-NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATEMAY 26 VS A15 (4) 15M 9/55 arthur & Krous

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

-5337

#### **CERTIFICATE OF DEATH**

05297 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne	Arundel	MARYLAND	2. USUAL RESIDENC o. STATE	E (Where deceased	b. COUNTY	on: Residen	ce before	e odmissi	ion)
	outside carporate limits, write	c. LENGTH OF STAY IN 16		N (If outside corpo ington, I		URAL and	give near	rest town	3
d. NAME OF HOSPITA OR INSTITUTION	bistrict Frank Children's Cen	ffigss)School ter	d. STREET ADDRE	Allison	Street N	.W.	•		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	First Joyce	Middle Aletha	lost Brown	4. DATE OF DEATH	Mon Ma		Day		Year 19 60
5. SEX female	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH 7/11/58		9. AGE (In years lost birthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.
10o. USUAL OCCUPATIO during mast of worki	N (Give kind of work done 10b. ng life, even if retired) NONE	KIND OF BUSINESS OR INDU		(Stote or foreign of ngton, D		12.CITI	USA	WHATC	OUNTRY?
13. FATHER'S NAME	alter James Bro	)WI	14. MOTHER'S MAI	DEN NAME la Rumsey	7		Ŋ.		
	IN U. S. ARMED FORCES? 16. f yes, give war or dates of service)	SOCIAL SECURITY NO.	Children's	Center,	Laurel,				
Canditions, if an gove rise to in cause (a), stating t lying couse lost.	mediate (	Hydrocephalu  Meningomyeloc  CONTRIBUTING TO DEATH BUT	ele	TERMINAL DISEAS	E CONDITION GIV	'EN IN PAR	22	PERFO	•
PART II. OTH	CAUSE OF DEATH	Nat while fa	D. (Enter noture of inju ACE OF INJURY (Home ctary, street, office bldg	e, form, 20f. (City		(0	County)		(State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AMER E. Boyla	or land, me	Chil	Oa.M, from ADDRESS (SI dren's Co	the causes an freet, city or town, enter, Lau enter, La	d an the stote) arel,	e date Md.	stated DAT 5/	d above. re signed 4/60
220. BURIAL, CREMATION REMOVAL (Specify)  23. FUNERAL DIRECTOR'S	May 6 1961	22c. NAME OF CEMETERY C Cemetary Di ADDRESS	STrid Traini		TRAR 24b. REGI	or county) STRAR'S SIG		E (Stote	е)

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MARYLAND S	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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5338 CER

#### **CERTIFICATE OF DEATH**

05298 Reg. Dist. No.

Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Who do STATE Md.			re admissian)
f autside carparate limits, write carest tawn) TPN	c. LENGTH OF STAY IN 16	<b>\</b>		RURAL and give ne	arest tawn)
AL (If not in haspital, give street  n Highway	address)	d. STREET ADDRESS	nway		e. IS RESIDENCE ON A FARM? YES NOTE
Howard	Wardell Br	undrett, Sr.	4. DATE Ma OF DEATH	5 2	19 60
0.00		B. DATE OF BIRTH Oct. 14,18	lest birthday)	Manths Days	Haurs Min.
DN (Give kind af wark dane ling life, even if retired)	. KIND OF BUSINESS OR INDU Retired			12. CITIZEN O	F WHAT COUNTRY?
Brundrett					
(If yes, give war or dates of service)					2
DUE TO  (b)  mmediate the under:  (c)	A Death	NOT RELATED TO THE TERMI	nal disease condition gi	IVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
S UNDERLYING [] 20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I ar Part II af item 18.)		
While	Nat while fa	ACE OF INJURY (Home, farm ctary, street, affice bldg., etc.	, 20f. (City ar town)	(Caunty)	(State)
	rk at wark				
	sed from March	accurred at 10 p	M, from the causes at ADDRESS (Street, city ar tawn	nd an the date	w the deceased e stated abave. DATE SIGNED 5-21-60
19 at wo	sed from March	m.d. 2040	M, from the causes at ADDRESS (Street, city ar tawn	nd an the date	e stated abave.
19 at wo	sed from March, and that death	m.c. 2040 A.D. Isleu	M, from the causes an ADDRESS (Street, city ar tawn Mills Husy	nd an the date  i, state)  S W  ar caunty)	e stated abave.
	fautside carparate limits, write carest town)  PN  AL (If nat in haspital, give street not not not not not not not not not no	fautside carparate limits, write carest town)  Part 15 yrs.  AL (If nat in haspital, give street address)  AL (If	Anne Arundel  foutside carparate limits, write c. LENGTH OF STAY IN 1b lorest tawn)  AL (If not in haspital, give street address) AL (If not in haspital, give ad	Anne Arundel  **maryland**  **fautside carparate limits, write arast town)  **prints**  **Act (if not in haspital, give street address)  **At (if not in haspital, give street	faulside carporate limits, write parest tawn)  15 yrs.  Severn  At (if not in haspital, give street address)  At (if not in haspital)  At (if not in haspital

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and a second of	all allegations of	evill red	COMPANIES OF THE PROPERTY OF T	

530 AMEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution:, Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN III outside corporate limi c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) d. NAME OF HOSPITAL ORANSTITUTION (If not in hospital, give street address) IS RESIDENCE d. STREET ADDRESS ON A FARM? OIL YES NO NAME OF Middle Month DECEASED (Type or print) 196 5. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. WIDOWED T DIVORCED T yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ARE HOU 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. WITE 16. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). ] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 00 PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY OF OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of item 18.) should 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) O. m. Not while at work at work p. m. to the Chief Medi 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry and find that Suicide ] death resulted from: Natural causes Accident . Hamicide . Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE P TO FUNERAL ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 226. DATE THEREOF 220. BURIAL, CREMATION, CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATEMAY 1 6 '60 arthur & H. 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## PLACE OF DEATH

.. COUNTYAnne Arundel

arthur S. Frank

MARY	AND	STATE DEPA	RTM	EN'	T OF HEAL	TH-BAL	TIMORE, 1	8	59	MA	
1339		CERTI	FICA	ATE	OF DEA	TH		Reg. Di	153 in. No.		
del		MARYI	AND	2. 6	STATE	(Where decease	ed lived. If instituti b. COUNTY	on: Resider	nce befo	re odmissi	on)
corporote limi n)	s, write	c. LENGTH OF STAY			Washingt			URAL ond	give nec	7 ×	3
ricen's	ra'ini Cen	hig "School ter			L602 E S		S.E.				DENCE FARM? NO X
Fir	essa	Middle			Butler	4. DATE OF DEATH	Mon M	ay,	33		960
or or race	7. MARR	NEVER MARRIE		8. DA	3/15/34		9. AGE (In years last birthday) 26 yrs.	IF UNDER	Days	Hours	
kind of work of even if retired ZEC	lone 10b.	KIND OF BUSINESS OF	RINDUS	STRY	11. BIRTHPLACE (SM Wilson		country)	12. CI	US!		COUNTRY
known				14.	Mother's Maide Mari	N NAME e Butle	r	34.			
ARMED FOR		SOCIAL SECURITY NO.			mant dren's Ce	nter. I	Add				
CAUSED BY:		Hypostatic	e pn	nemo	onia				INTE	RVAL BET	DEATH
DUE TO		Mentel re	tard	lat	ion				7.0		
DUE TO		Epilepsy									
FICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT	NOT	RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS A PERFOR	MED?
LYING [] E OF DEATH EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRE	D. (Ent	er nature of injury	in Port I or Por	t II of item 18.)			1-1	
, Day, Yea			20e. PLA fac	ACE O	F INJURY (Home, fo street, office bldg.,	orm, 20f. (City etc.)	or town)	(1	County)		(Stote)

DATE JUN 6

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Laurel d. NAME OF HOSPITADITISE in topliol, Tires Hospital before in the Center of Center of the Center of 3. NAME OF First DECEASED Odessa (Type or print) 6. COLOR OR RACE 7. MARRIED colored female WIDOWED 10o. USUAL OCCUPATION (Give kind of work done 10b. KII during most of working life, even if retired)
institutionalized 13. FATHER'S NAME unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS COI 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRI 20c. TIME OF INJURY Month, Day, Year 20d. INJU Hour o. m. While of work of work p. m. 1954, to May 31, 1960 that I last saw the deceased 21. I certify that I attended the deceased from October alive on May 31 \_\_\_\_, and that death accurred at 10:10P M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Children's Center, Laurel, Md. Margaret W. Mola, M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) District Ing School June 3. Iaurel. Maryland ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

TO FUN page VS A15 (4) 15M 10/57

# ROMEDIAN STATE OF THE SOUTH TO A TO A TO A STATE OF THE STATE OF THE SOUTH Control of the Contro The second of th the second control of the second of the seco Security with the Personal Con-

# may be ained by the haspital or attending physician. O FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be the d with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSSIZE may E TO FUNE A

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05301 H

5340	CERTIFICATE OF	DEAT
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Reg. Dist. No.

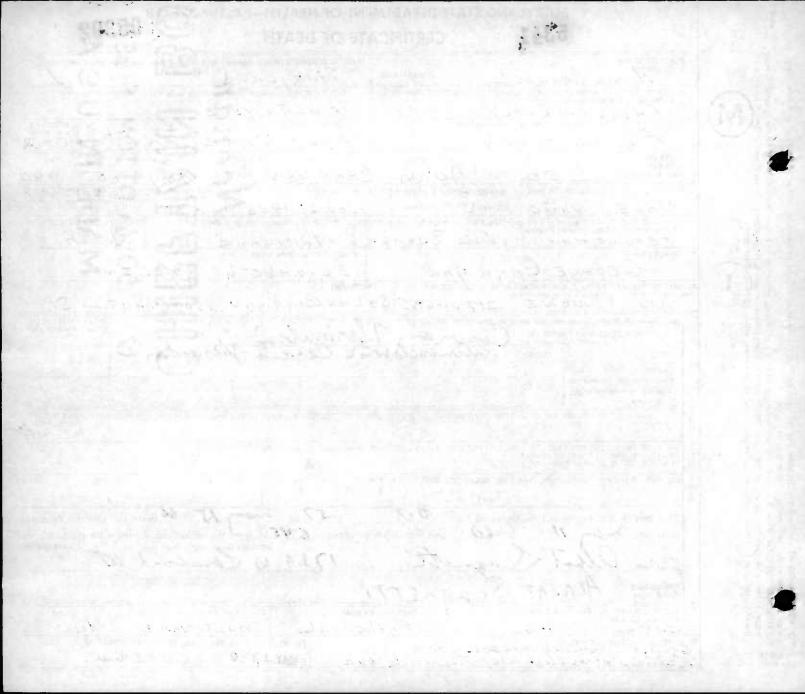
1. PLACE OF DEATH A A	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	osed lived. If institution: Reside b. COUNTY	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	rporote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 409 Name	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Lewis Ra	middle	Carey 4. DAT	42	Doy Yeor 1960
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	D DIVORCED	Lune 15 28	Jost birthdoy) Months	R 1 YEAR IF UNDER 24 HRS.  Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NStallment	appenayor	n country) 12. Cl	TIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	Jarrell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (II yes, give war or dates of service)	27-22-86/6-	Formalist Petts	Easey -	Same
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate	e for (o), (b), ond (c).]	Culor Diser	are	INTERVAL BETWEEN ONSET AND DEATH
Couse (o), stoting the under DUE TO lying couse lost. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CO  20a. ACCIDENT WAS UNDERLYING 20b. DESC		NOT RELATED TO THE TERMINAL DISE		RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. IN. Hour o. m.	_ Not while_ fact	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	City or town)	(County) (State)
21. I certify that I attended the decease alive an 3/12/60, 19  ACTUAL STGNATURE Clears & B	d from Thurch	accurred at 10:3 AM, fr	am the causes and on (Street, city or town, stote)	last saw the deceased the date stated abave DATE SIGNED
PHYSICIAN'S NAME (Type)				7
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 16 th May 1960	22c. NAME OF CEMETERY OR Glen Haven	CREMATORY 22d. LO	CATION (City, town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS MAN	24a. REC'D BY REG	STRAR 246. REGISTRAR'S SI	GNATURE

	ECIZO ETASHE	307.7	0362	
		9 (24.9)		
capture all recoil Market				
		THE REAL PROPERTY.		

VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5341

	0047	CERTIFICA	AIE OF DEATH	1		
1.	PLACE OF DEATH G. COUNTY ANGE ARUNDEL	MARYLAND	o. STATE		DESCRIPTION  B. COUNTY  B. Limits, write RURAL and give nearest town)  B. STIAN ST.  C. IS RESIDENC  ON A FARM YES NO  Month  Day Year  19 G  AGE (In years IF UNDER 1 YEAR IF UNDER 24 Holts birthday)  Months Days Hours Mi  ST. 19 G  Address  12. CITIZEN OF WHAT COUNT  ON SET AND DEAT  INTERVAL BETWEE ONSET AND DEAT  ONDITION GIVEN IN PART 1(a) 19. WAS AUTOR PERFORMED YES NO  Of item 18.)  Town)  (County)  (Stote)  N (City, town, or county)  (Stote)  THERE AND  ONE SIGN  (Stote)	ore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporate limits, v		earest town)
	TAIRVIEW BEACH	Iday		MORE	5V	01,4
	d. NAME OF HOSPITAL (If not in haspital, give street odd OR INSTITUTION FAIRVIEW BEACH.	ress)	d. STREET ADDRESS	Christ,	Reg. Dist. No.  ed. If institution: Residence before admission b. COUNTY  limits, write RURAL and give nearest town)  STIAN ST. Yes ON A FAYES NO. A F	ON A FARM?
3.	NAME OF First DECEASED (Type or print)  LEO	John	CARRIGAN	4. DATE OF DEATH		
5.	SEX 6. COLOR OR RACE 7. MARRIED  WHITE WIDOWED	NEVER MARRIED	8. DATE OF BIRTH  NOV. 23 19	9. AGE (In last birth		
100	D. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)	DOF BUSINESS OR INDU		77	12. CITIZEN O	F WHAT COUNTRY?
13.	FATHER'S NAME	- 7041611.0	14. MOTHER'S MAIDEN	LAN d	/ /	, ,
	GEORGE CARR	19AN	ELIZAL	oeth T	HELEN	
	rs, no, or unknown (If yes, give wor or dates of service)		NFORMANT = L MA CARR	CAN ION	Reg. Dist. No.    Cocased lived. If institution: Residence before admission     b. COUNTY     corporate limits, write RURAL and give nearest town)   ORE	20 54
	1B. CAUSE OF DEATH [Enter only one couse per line f		- 1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
z	Conditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost.    Conditions   Conditions	tuis class	tic Candi	-Vasan	Can D.	10 WAS ALITORSY
CERTIFICATION						PERFORMED?
	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIE OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Part II af item 1	IB.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJU While p. m. 19	Not while fo	ACE OF INJURY (Hame, farm ctory, street, office bldg., etc	i, 20f. (City or town)	(County	(Stote)
	21. I certify that I attended the deceased alive an 1960 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) ALD SAF SC	agneri		M, from the cause	es and an the dat	
220	DEBURIAL, CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify) 5-19-60	NEW CAT	R CREMATORY LEJRAL			1d.
23.	FUNERAL DIRECTOR'S SIGNATURE & FUNERA FLANSIS W. Miller 2101	ADDRESS	Eve DAY		- 4-	



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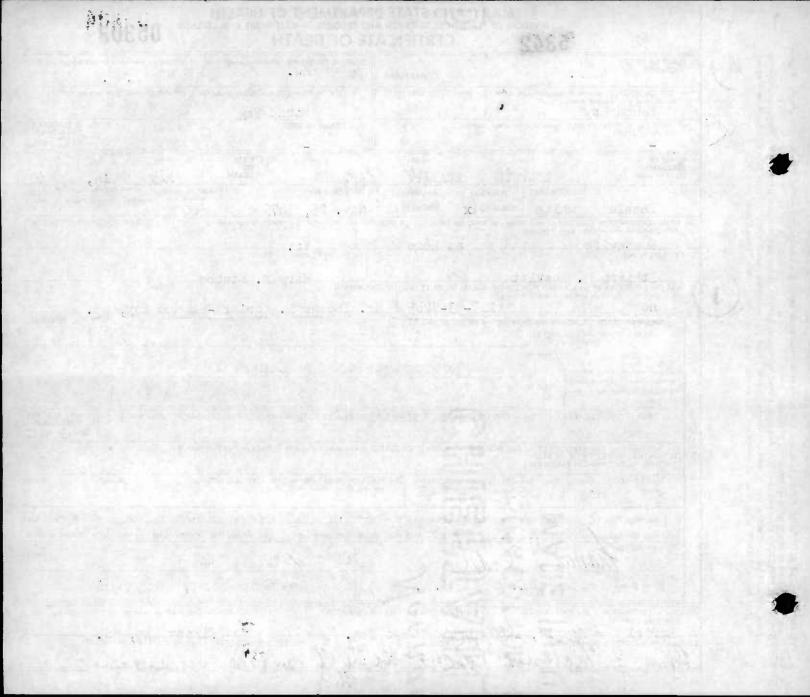
05303

1. PLACE OF DEATH o. COUNTY A. A.	MARYLAND	2. USUAL RESIDENCE (W o. STATE Md	here deceased				e admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Round Bay	c. LENGTH OF STAY IN 16	V -		rote limits, write F	RURAL ond g	ive near	est town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS				е	. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ITINWOOD	Middle LEAVITT	Lost CARTER	4. DATE OF DEATH			Day	Year 19 60
D. CITY OR TOWN (If costide corporate limit, write lixed by the control of the state of the control of the state o	F UNDER 24 HRS						
during most of working life, even if retired)  HOLSEWI fe  13. FATHER'S NAME  Tthi man M. Leavitt  16. WAS DECEASED EVER IN U. S. ARMED FORCES?  If so, no, or unknown)  If yes, no, or unknown)  If yes, give war or date of service)	at home	14. MOTHER'S MAIDEN MARY	NAME F. Stu	ibbs Add	lress .		WHAT COUNTRY
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Carcinoma	AWARDED.					
PART II. OTHER SIGNIFICANT CONDITIONS C					VEN IN PART	1(0) 19	WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Doy, Year 20d. IN	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fare	m,   20f. (City		(C	County)	(Stote
21. I certify that (I) (this hospital) attends saw the deceased alive an A2V1.2 220. SIGNATURE	led the deceased from	M.D. ATTENDING M.D. PHYS.	_M, from	the causes ar			
NAME (Type) F'rancis I. Co		Seve	*****			nd	(Stote)
	Agoress Agoress	19517	D BY REGIST		I I I I I I I I I I I I I I I I I I I		

the attending physician and campletely filled in by the funeral director. Then please remove carban papers. Pages 1 and 2 shauld be filed with ours after death. Page 4 AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may inclined by the haspital or attending physician.

TO FUNRAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOS VR A1S (4) 1SM 9/S9

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ending physician and campletely filled in by the funeral directar,	lease remave carban papers. Pages hand 2 should be filed with	>
camplete	papers.	eath.
ding physician and	ase remave carban p	thin 72 hours after death

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5343 05304 **CERTIFICATE OF DEATH**

1. PLACE OF DEATH O. COUNTY ANNE ARUNDEL	MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY  A A
RURAL ond give nearest town)  PRISTOL	C. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) William Cleveland	Middle Lost 4. DATE Month Doy Yeor OF DEATH MAN 8 1960
	IVORCED APR. 15 1887 Ost birthdon Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FARMER	O Mt. HARMONY Pd. USA
Joseph Samuel Chaney	14. MOTHER'S MAIDEN NAME May Faust
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16s. no. or unknown) (If yes, give wor or dates of service) (173 3 7 4	1341 Mrs. Marrie Brady Box 2815 m
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), or part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate couse (o), stoling the underlying couse lost.  (c)	nam Thompous  Interval Between ONSET AND DEATH  School CVP Museum  8 yrs
CA	TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR Hour o. m. While Not while	(Sole)
21. I certify that I attended the deceased fram	March, 1948, to 8 May, 1960, that I last saw the deceased that death occurred at 23 A.M. from the causes and an the date stated abave pater (Street, city or town, stote)  M.D. Mple Multipo, M. & May 6
220. BURIAL, CREMATION, 22b. DATE THEREOF, 22c. NAME CO. BURIAL (Specify) 22b. DATE THEREOF, 22c. NAME CO. BURIAL SPECIFIC ADDRESS ADDRESS ADDRESS ADDRESS	The Church Constant (Store)  Lipher Malker MA  Lalerich Late MAY 12 160 Cultur & Krose

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### AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page A In by the funeral directar, and 2 shauld be filed with D FUNCTAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely fit page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. stoined by the hospital or offending physicion.

TO FUF

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 5344

Reg. Di 15305

1. PLACE OF DEATH o. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cracle Fardens	Serrace Sardens × armold n
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Walter Middle M. C.	hitwoodk. 4. DATE Month Day Weer 1967
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In bears of UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)  13. FATHER'S NAME  13. FATHER'S NAME	ISTRY 11. BIRTHPIACE (Stole or foreign country)  12. CITIZEN OF WHAT COUNTR  14. MOTHER'S MAIDEN NAME
Walter M. Chetwood Dr.	BEATRICE TIBLOW
15. WAS DECEASED EVER IN U. ARMED FORCES?  (Yes, no; or unknown)  (If yes, give wor or dates of service)	LEANOR B. CHITWOOD #2
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which )  (b)	ardial infantion Interval Between onset and Death & windths
gove rise to immediate couse (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?  YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Part t or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While of work of work 19	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) octory, street, office bldg., etc.)
ACTUAL SIGNATURE ALLA CA 1/2 deview	M. 19 9, to May, 19 0, that I last saw the decease h accurred at 525 M, from the causes and an the date stated about ADDRESS (Street, city or town, stote)  M.D. 12 Catterwal St. 313/40
220. BURIAL, CREMATION, 22b. DATE THEREOF  PEMOVAL (Specify)  May 11-1960  23. ENERAL DIRECTOR'S SIGNATURE  COMMENT OF CEMETERY COMMENTS  ADDRESS  ADDRESS  ADDRESS	

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and him		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		
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	Mary Cont. Land	
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5305 **CERTIFICATE OF DEATH**

05306

	weg. Dist. 110.
1. PLACE OF DEATH  o. COUNTY  Anne Arundel  MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE CAMBONICOLORY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give neorest town)  Annapolis	c. CITY OR TOWN (If a staide corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Anne Arundel General Hospital	1 d. STREET ADDRESS  On A FARM?  YES NO NO
3. NAME OF DECEASED (Type or print) Kish Columbia	Lost 4. DATE Month Day Year OF DEATH May 7 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED ☑ NEVER MARRIED ☐ Male Negro WIDOWED ☐ DIVORCED ☐	1 /-/- 1897 (Stribday) Manths Days Haurs Min.
10c. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	IDUSTRY 11_BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Cook	14. MOTHER'S MAIDEN NAME Harried Cook
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, noeprophingum] (If yes, give wor or dated of service)	Mary Jone Cook B: 4-B-7-angil
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	OBSTRUCTION INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) DUE TO  (b) DUE TO  (b) DUE TO  (b) DUE TO	nowing surgery-appendedony 18 days
gave rise to immediate cause (a), stoting the underlying cause last.  DUE TO  (c) A Cute Supplement	surrative appendicities 19 day
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSYL PERFORMED? YES NO
	RRED. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e.  Hour o. m. 19 While Not while at work of wark	PLACE OF INJURY IHome, farm, 20f. (City ar tawn) (County) (State) foctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. April alive on 110 and land 120, 120, and that deceased	oth occurred at 7:054 M, from the causes and on the date stated above
ACTUAL R. L. Reliandro	M.D. 110 - Carte Signed ADDRESS (Street, city or town, stole)  M.D. 110 - Carte Signed 5 S 6 0
	ay St., Annapolis, Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER REMOVAL (Specify) 5-11-1960 BLOCK	Creek Skidmore Ma.
23) FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  OATEMAY 1 1 '60 Outling 2. Hisua

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page L may belained by the hospital or attending physician.

O FUN, AL DIRECTOR: After this certificate has been signed by the attending physician and completely fill page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. TO FUR VS A15 (4) 15M 9/55

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may etained by the haspitol or attending physician. O FUND AL DIRECTOR: After this certificate has been signed by the attending physician and campletely fit in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror prior to burial, crematian, or remaval, and in any event within 72 hours affer death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5306

CERTIFICATE OF DEATH

05307

								Reg. Disf.	No.	
1. PLACE OF DEATH		- 11 - 12 - 12			SUAL RESIDENCE (W	/here deceased		Residence t	before odn	nission)
0. 000111	Anne	Arundel	MARYLAN	ID O	Maryla	and	b. COUNTY	Anne A	Arund	el
b. CITY OR TOWN RURAL ond give a	earest town)	porote limits, write	c. LENGTH OF STAY IN	1b c	CITY OR TOWN (IF			RAL ond give	nearest to	wn)
d. NAME OF HOSP	TAL (If not in	hospital, give street	address) .		d. STREET ADDRESS	L – Anr	apolis		To 15 1	RESIDENCE
Anne Aruno	lel Gen	ad on arreral Hosp	rival)		Rt-4,	Box-71	2, Mulber	ry Hi	ON	A FARM?
3. NAME OF DECEASED (Type or print)		First Mary	Middle Jane		COOK	4. DATE OF DEATH	Month May		Doy 26	Yeor 19 60
5. SEX	6. COLOR	OR RACE 7. MAR	RIED NEVER MARRIED	8. DA	TE OF BIRTH	# Tes			EAR IF UN	DER 24 HRS.
Female	Negr			-	il 21, 19	00	60 yrs.	Months Da	ys Hou	rs Min.
Ido. USUAL OCCUPATI Edyring most of wor	ON (Give kind king life, ever	d af work dane 10b n if retired)	. KIND OF BUSINESS OR IN			and			N OF WH	AT COUNTRY
J. PATHER'S NAME	toh	ns.	Hant	- 1	hard	otte	H	en	26	n
15. WAS DECEASED IV		RMED FORCES? 16 or dates of service)	SOCIAL SECURITY NO.	7. INFOR	Ann Anna	#/	Addres	RFC	1.00	mico
18. CAUSE OF DE	ATH [Enter o	nly one cause per l	ine far (a), (b), and (c).]	1	m			1	INTERVAL	BETWEEN
	ATH WAS CA	USED BY:	ento Como	Non	m/ HAN	mel	2_	0	ONSET A	ND DEATH
420	IMMEDIATE	DUE TO		7	7 600					
Conditions, if	and which )	(AT	P-22- 2 1 Pa	1.12	11 1	20001	Ted Care	0		
gave rise to		(b) 001	vena atra	MIN	N Y W	MANT	Ula - II	29		
cause (o), stating lying cause last.		DUE TO	Fa dulad	d	mede					
PART II. OT	HER SIGNIER	ANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERA	AINAL DISEASE	CONDITION GIVEN	N IN PART 1(	PER	S AUTOPSY FORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	G CAUSE C	OF DEATH I	SCRIBE HOW INJURY OCCU	JRRED. (En	er noture of injury in	Port I ar Part	II of item 18.)			
20c. TIME OF INJU Haur o. m.	RY Month,	Day, Year 20d. While		PLACE O	F INJURY (Home, for street, affice bldg., et	m, 20f. (City	or tawn)	(Cou	nty)	(Stote)
p. m.		19 of wo					1			
21. I certifyat	hat Latten	ded the decea	sed from Na w	1	. 1951, to A	MG.	1960	that I las	t saw th	e deceased
alive on	1941	24, 191		ath occ	urred at 2735	M For	the causes an			
77	00		, 5110 11101 40	um occ	orred distance.		reet, city or town, ste		dule sit	DATE SIGNED
ACTUAL SIGNATURE	工人	what!	2 m	M.D.	110 Cla				50	160
PHYSICIAN'S NAME [Type)	R. L.	n Richardso	n		Annapo	lis, Md	l <b>.</b>		, ,	1
220. BURIAL, CREMATING REMOVAL (Specify	ON, 226. DA	TE THEREOF 29-1966	22c. NAME OF CEMETER	Y OR CRE	MATORY	22d. LOCAT	ON (City, town, or	county)	(S	(a)
23. FUNERAL DIRECTO	'S SIGNATUR	E	ADDRESS	. ^	1 240 REC	D BY REGIST	RAR 24b. REGIST	PAR'S SIGNA	ATURE	1 syl
MISSIA	mlse	esett!	8 W. Wash. A	4.60	MICHINATE A	MAY 3 1 1	60 0	Clan & t	- mus	

TO HOSPIT VS A15 (4)

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VS A15 (4) 15M 9/SS

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5307

CERTIFICATE OF DEATH

Reg. Dist. No.

)	1. PLACE OF DEATH	ALL STAN				2		ENCE (Who	ere decease	d lived. If institut		nce befo	re admiss	ion)
	o. COUNTY ANN	E ARUNDEL			MARYLA	IND	o. STATE	ARYL.	AND	b. COUNTY		ARU	NDEL	
	b. CITY OR TOWN (I RURAL and give no ANNAPOLI		its, write	c. LENGTH	of STAY IN	ПЪ	c. CITY OR TO	OWN (IF or		rote limits, write	RURAL ond	give nec	rest towr	1)
1	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS								e. IS RESIDENCE ON A FARM?		IDENCE FARM?			
	U.S. NAVAL	HOSPITAL.	ANNAF	OLIS.	MARYT.	AND	BI	VERL	Y BEAG	SH				NO
	3. NAME OF DECEASED	Fi	rst		Middle		Last		4. DATE OF	Мо	nth	Do	У	Yeor
	(Type or print)	MARY		PEARL	CORI				DEATH	MA:		28		19 60
	S. SEX	6. COLOR OR RACE	7. MARR	RIED   NEV	ER MARRIED	8.	DATE OF BIRTH		36- 5	9. AGE (In years lost birthday)	Months	Doys	Hours	R 24 HRS.
1	Female	Cauc.	WIDOWI		DIVORCED [		111-11-	7/8	73	86 yrs				177
	100. USUAL OCCUPATION during most of world HOUSEWIFE	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BL	ISINESS OR	INDUSTR	1000	CE (Stote of LAND)	ór foreign c	ountry)	12. CI	TIZEN C		COUNTRY?
/	13. FATHER'S NAME						14. MOTHER'S	MAIDEN N	IAME					
	Carrison ST	OCKMAN					Mary	Eliza	abeth	TAYLOR				
	15. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SEC	URITY NO.	17. INFO	RMANT			Add	ress BEV	/ERL	Y BE	ACH,
	NO			NONE	`	DAUC	HTER:M	RS.V.	LINTO	ON	MA	70, 1	MD.	
		ATH [Enter only one of the CAUSED BY: IMMEDIATE CAUSE (CAUSE (CAUSE)	)(	ne for (o), (b	), ond (c).]	MYC	CARDIAI	INF	ARCTIC	ON			RVAL 8E ET AND L MOI	DEATH
	Conditions, if o gave rise to i code (o), stoting lying couse lost.	mmediate the <u>under-</u>	c)				CART DIS		NAL DISEAS	E CONDITION GI	VEN IN PAR		9. WAS PERFO	
	(IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)								t II of item 18.)			YES 🗌	NO 💢
	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCI Not wi k ot wor	hile		OF INJURY (H y, street, office			or town)	(	County)		(Stote)
	actual SIGNATURE 7	R. A. BOTT.		60 o Le for MC USN	R.A./Sol	ta m.	. U.S.	O558 NAVAI NAVAI	AM, from ADDRESS (SI L. HOSF L. HOSF	n the causes treet, city or town	and on to state) NAPOI	IS,	te state DA MARY	ed above. ATE SIGNED YLAND YLAND
4	REMOVAL (Specify)	may 3	1-196	Lo	ndor	e F	sil Ce	net	130	eltine	OCL STRAR'S SI		Sylander Sylander	0
	golm n		Sim	7	maj	pole	o ma	DATE	MAY 3 1	360 246, REG	arthur			

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5345

05309

Anne Arundel  b. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  b. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest lown)  c. CITY OR TOWN (if outside corporate limit, write RUBAL and give horsest limit, write RUBAL and give hors	a. COUN	OF DEATH			USUAL RESIDENCE (W	here deceased	lived. If instituti		befare adn	mission)		
RURAL and give interest town)  Crownsyille  d. NAME OF HOSPITAL (If no in happilal, give street address)  d. STREET ADDRESS  d. STREET ADDRESS												
d. NAME OF HOSPITAL (If feel in hospital, give street address)  OR INSTITUTION  Crownsville State Hospital  6.85 Allentown Road  OR A FARM  VES NO BEAR  Cotton  DETA  S. SEX  Regro  Negro  No COCOR OR RACE  Negro  No DIVORCED TO DI	RURAI	L and give nearest tawn)		IN 1b			ate limits, write R	URAL and give	nearest to	2,,)		
Crownaville State Hospital   6185 Allentown Road   Yes   No   Day Yes   Day Yes   Day Yes   No   Day Yes   Day Yes   Day   No   Day	d. NAME	E OF HOSPITAL (If not in haspital, o			d. STREET ADDRESS e. IS RESIDENCE							
3. MAME OF DECEASED (Type or print)   11   11   12   12   13   14   15   15   15   15   15   15   15			ani tal		6185 Allen	town R	ned					
Cotton   Death   Cotton   Death   Social Security No.   Death	3. NAME C	OF Fig	_			4. DATE		ith	Day	Year ·		
Pemale   Negro   DIVORCED   DIVORCED   1900   1907   Months   Days   Hours   Min		print) Li]	llie		Cotton	DEATH	5		11	1960		
Temple   Negro   Widowed   Divorced   1900	5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRI	ED B. C	ATE OF BIRTH		9. AGE (In years					
Unknown  13. FATHER'S NAME  Unknown  14. MOTHER'S MAIDEN NAME  Unknown  15. MAS DECASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  HOSPITAL Records  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate course per line for (a), (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  19. WAS AUTOFO  Tremia and Diabetes Mellitus  20a. ACCIDENT WAS UNDERLYING   OCCURRED   OCCURRED	Fema.	le Negro	WIDOWED DIVORCE	D 🛣	1900		-	manins De	lys Hau	irs Min.		
Unknown  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  HOSPITAL Records  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO  Conditions, if any, which gave rise to immediate couse (e), lotting the under lying couse lost.  (b)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED.  YES ON CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHEY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Day, Year and Diabetes Medical and the deceased of work of w	during	mast af warking life, even if retired	h l				untry)					
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c].  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSES (c)  Cerebral Vascular Accident  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under lying cause lost.  (b)  Arteriosclerotic Hypertensive Cardiovascular Disease  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under lying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEFFORMED. (The related to the terminal DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOR PEEF	/	11. Your Britain an annual		Но	spital Reco	rds						
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Cause (a), stating the under:    Styling cause last.   C	Cand	fitions, if any, which )	Arteriosclerot	ic Hyp	pertensive	Cardiov	rascular	Diseas	e			
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20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bidg., etc.)  21. I certify that (I) (this hospital) attended the deceased from 5/3 10.60 to 5/11 19.60 that (I) (we) is saw the deceased alive on 5/11 19.60, and that death occurred of P. M., from the causes and on the date stated about 220 SIGNATURE  ATTENDING MED. STAFF PHYS. 22c. PHYS. (SIAN'S NAME (Type) Hildegard Heard Reissman, M.D.  22d. ADDRESS  Crownsville State Hospital, Maryland  23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town, or caunty) (State)  23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town, or caunty) (State)  23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town, or caunty) (State)  23d. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. JOCATION (City, town, or caunty) (State)	I S	Uremi	a and Diabetes	Melli	tus							
21. I certify that (I) (this hospital) attended the deceased from 5/3 10.60, to 5/11 19.60 that (I) (we) I saw the deceased alive on 5/11 19.60, and that death occurred at P1. M, from the causes and on the date stated about 22e SIGNATURE MED. ATTENDING MED. PHYS. DIRECTOR STAFF PHYS. 12/2. PHYS. (FIAN'S NAME (Type) Hildegard Heard Reissman, M.D. Crownsville State Hospital, Maryland  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. OCCATION (City, tawn, or caunty) (State) PADDRESS CONTINUE STAFF PHYS. 23d. OCCATION (City, tawn, or caunty) (State) PADDRESS CONTINUE STAFF PHYS. 23d. OCCATION (City, tawn, or caunty) (State) PADDRESS PAGGISTRAE'S SIGNATURE PA		CCIDENT WAS UNDERLYING INTRIBUTING INTRIBUTING INTRIBUTING INTRIBUTING INTERNITY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY C	OCCURRED. (I	Enter nature af injury in	Part I ar Part	II af item 1B.)					
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226. DATE SIGNATURE  ### COSSESSION OF THE COSSE	21. <b>1 c</b>	ertify that (1) (this hospita	I) attended the deceosed		7 4 7	F	5/11		,	/ / - /		
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NAME (Type) Hildegard Heard Reissman, M.D. Crownsville State Hospital, Maryland  230. BURIAL, CREMATION, 23b. DATE THEREOF PROVAL (Specify) 17/60 23c. NAME OF CEMETERY OR CREMATORY 23d. OCCATION (City, town, or county) (Stole) Converted to the	#	depart Heard K	cion_	M.D	. PHYS.					5/12/60		
REMOVAL (Specify) 517/60 hat Harmony frince gangalously W	22c. PH	Hildegard Hildegard	Heard Reissman,	M.D.		le Sta	te Hospi	tal, Ma	aryla	nd		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250, REC'D BY REGISTRAR'S SIGNATURE		VAb (Specify)	A 17. 4	TANK	REMATORY	23d. OCAT	ION (City, town,	ar caunty)	Cou	stage) My		
John Ti Rhines & Ca. 3015 -12th St. NR. DATE MAY 16'60 circling 8. times	24. FUNERA			h. St. n	IV	MAY 1 6	25b. REGI	STRAK'S SIGN	ATURE . Time	A		

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5346

### **CERTIFICATE OF DEATH**

05310

					Reg. Dist. I	
	PLACE OF DEATH o. COUNTY The Akunde	MARYLAND	2. USUAL RESIDENCE (WHO ISTATE	ь. со	The Arent	e/
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)	LENGTH OF STAY IN 16	60 Glen I	nutside carporate limits,	write RURAL and give	nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION  308  424  Ave. S.W.	ess)	d. STREET ADDRESS	E Ave. Si	N-	e. IS RESIDENCE ON A FARM? YES NO D
	NAME OF DECEASED (Type or print) Francis \$40	eridan	EATON	4. DATE OF DEATH	Month &	Day Year 23 1960
	Male White WIDOWED		B. DATE OF BIRTH	9. AGE (In last birth	nday) Manths Day	
1	a. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)  Warine Fagnett  Beth  EATHER'S NAME	lehem Stee	Lamoine	Maine	44	A .
13.	Frank Eaton		Ethe	unknown)		
15.	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	A	onformant Offs. Hildegirle	A- Euton	Same A	5 *2
	1B. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	r (a), (b), and (c).]	of Luna		0	NTERVAL BETWEEN DISET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.					
CERTIFICATION		RIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	nal disease condition	ON GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
III.	20g. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE OR CONTRIBUTING ☐ CAUSE OF DEATH	HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I ar Part II af item	18.)	
MEDICAL CERTI		Nat while at wark	LACE OF INJURY (Hame, farm actary, street, affice bldg., etc	), 20f. (City ar tawn)	(Caun	ty) (State
		Not while of work  fram A 49	, 19 50, ta	1	9. (C), that I last s	aw the deceased
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Havr a. m. p. m. 19 While at wark   21. I certify that I attended the deceased f	Not while of work  fram A 49	, 19 50, ta	nurch, 1	9.4. that I last s	aw the deceased
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY Manth, Day, Year 20d. INJURY While at wark  21. I certify that I attended the deceased f alive on March 23 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Not while of work  fram A 49	, 19 50, ta	March, 1	9.4. that I last s	aw the deceased

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VS A15 (4)

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after	2, an	y be	and
executed within 24 haurs after death. If any delay is necessary, plea	Pages 1,	age 5 ma	e podes 1
within	Give	M3. P	iit. Fil
executed	I Item 18.	th form P.	ansit perm

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5330MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05312

Reg. Dist. No.

PLACE OF DEATH a. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE	(Where decease	d lived. If Institu		ice before adi	mission)
b. CITY OR TOWN (if outside corporate limits, write RURAL ond give negrest fown) Odenton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	prote limits, write	RURAL and	give nearest t	lown)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	- A	d. STREET ADDRESS					RESIDENCE
Baltimore and Pine Avenues		Same					NO D
3. NAME OF First DECEASED (Type or print) Rev. Emanuel T	Middle Finck	Last	4. DATE OF DEATH	Month May the		Day 1960	Year
5. SEX   6. COLOR OR RACE   7. MARRIE		B. DATE OF BIRTH	9	AGE (In years	(FUNDER 1		DER 24 HRS.
M. WIDOWED	DIVORCED	1/1/93		67 yrs.	Months D	Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stot	te or foreign co	untry)	12. CITIZ	EN OF WHA	T COUNTRY
during most of working (ife, even if retired)  Minister  Mo-	Synothetho Church	Shelby.M	ichigan		11	1. S. A	-
13. FATHER'S NAME	7/11-07-10-	14. MOTHER'S MAIDEN					
Theodore Finck		Helen Bus	h				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Address			
(Yes, no, or unknown) (If yes, give wor or dates of service)	2-36-9/66 M	rs. Rudolph	Mever (	daughter	)		
18. CAUSE OF DEATH [Enter only one cause per line						INTERVAL BETY ONSET AND D	WEEN
Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause lost.	Arteriosclero	tic H <sub>e</sub> art Di		CONDITION CIV	PENI INI DADT	1/2 J 20 W 20	AUTORCY
ICATIO	E HOW INJURY OCCURRED.						ORMED?
Hour a. m. While	1 1 .	CE OF INJURY (Home, for tory, street, office bldg., et	rm, 20f. (City o	or tawn)	(Cour	nty)	(Stote)
21. I certify that I took charge of the r	remoins described abo	ove, held on Autop	sy Ins	spection 🔲	Inquiry	/ 🔼, and	find tha
death resulted from: Natural causes	Accident , Su	icide [], Homicid	de [], Un	determined c	ause [].		
ACTUAL Charles S	17/10	M.D. CHIEF MEDICAL	EXAMINER [			DATE	SIGNED
EXAMINER'S NAME (Type) Charles S. Pet	ttv. M.D.	ASSISTANT MEDI-				5/3	1/60
220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) Burial ZJune 1960	Glen Haven	CREMATORY	- 1	ON (City, town, of Burnie		/st	7)
23. FUNERAL DIRECTOR'S SIGNATURE Puchal Singleton	Hen Berens	M. 240. REC	JUN 6		STRAR'S SIGI		

A DESCRIPTION OF THE THREE THE PARTY A 

## TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may the fained by the haspital or attending physicion. O FUNCAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely fills that by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours ofter death. TO FUN

VS A15 (4) 15M 10/57

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(	-	P	
ACE	OF	DEA	TH

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4242

CERTIFICATE OF DEATH

05313

0000	Reg. Dist.	No.
o. COUNTY A MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence o. STATE b. COUNTY	before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 209 avouded circle	1 d. STREET ADDRESS 209 avoudable tred	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) See Paul Fel	Last 4. DATE Month OF DEATH 5-/-	Day Yeor
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Feb 26, 1919, Host birthday) Months D	YEAR IF UNDER 24 HR oys Hours Min.
00. USUAL OCCUPATION (Give kind of work done of the done of the district of th	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZ  Brown 12. CITIZ	EN OF WHAT COUNT
James F. Filstinno	14. MOTHER'S MAIDEN NAME LECTURE V. Beer R	mon.
5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   Iff yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17.	Mrs Katherine S.Fitzsi 209 Avondale Circle.Se	
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	To faction?	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gove rise to immediate	al corceromotose	
couse (o), stoting the under- lying couse lost.	owel.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPS PERFORMEDS YES NO
OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Port II of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Couctory, street, office bldg., etc.)	unty) (State
21. I certify that I attended the deceased from 195 colline on 5 -1 - 6 . 19 . and that death	1.10/4	st saw the deceas
ACTUAL SIGNATURE RECEIPED. Holum	ADDRESS (Street, city or town, stote)	DATE SIGN
PHYSICIAN'S Robert R. HATIN	· mel	rud)
20. BURIAL, CREMATION, REMOVAL (Specify)  BURIAL  MAY 4/60  Balto: Nat	OR CREMATORY 22d. LOCATION (City. town, or county)  LONAL CEMTY Balto.Md.	(Stote)
Witzke Fun. Dir. 4101 Edmondson Ave	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	

TO SHOW THE STATE OF SPECIFICATION OF A STATE COST YEARS. THE HEARD TO STADISTIFED TO . 12 . 6 I Let Tyler Take 20 collect the DAVE was lighted .ovi mauleteka falk.vid.ene enad ku

VR A1S (4) 1SM 9/59

MARYLAND	STATE D	EPARTME	NT OF HE	ALTH
OF STATISTICAL	RESEARCH A	ND RECORDS	- BALTIMORE	1, MARYLAND

05314

PLACE OF DEATH	534	3	CERTII	IICA	2. USUAL RESIDENCE (W		lived. If institutio	()53	before adn	nission)
Anne Aru	ndel		MAR	YLAND	Maryland		b. COUNTY Bal	timore	e Gata	
b. CITY OR TOWN (	(If outside corporate lim	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corpora	te limits, write RU	JRAL and giv	re nearest to	own)
Crownsvi			5mo. 15 0	days	Baltimore	-22		03	532	
	TAL (If not in haspital,	give street	oddress)		d. STREET ADDRESS	Transfer to			e. IS I	RESIDENCE A FARM?
	lle State I	Hospi	tal		419 Maple	Lane				□ NO 🛣
NAME OF DECEASED		rst	Middle	e	Last	4. DATE	Mont	h	Day	Yeor
(Type or print)	St	tephe	n		Floyd	OF DEATH	5	5	16	19 60
. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARR	IED 🔲	B. DATE OF BIRTH	9	. AGE (In years last birthday)	IF UNDER 1	_	
Male	Negro	WIDOW	ED DIVORCE	ED 🗌 N	lovember 25,1	877	82 yrs.	Months [	Doys Hou	rs Min.
Ja. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	dane 10b.	. KIND OF BUSINESS (	OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign cou			EN OF WHA	TCOUNTR
Unknown	ixing me, even il temec	"			Virginia			U	.S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Henry Flo	yd				Peggy					
	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO	D. 17. IN	FORMANT		Addr	ess	E Th	2.70
Inknown	(11 /0.), gire indi oi data oi		14-20-6220	Ho	spital Recor	ds				
	ATH [Enter only one co	ouse per l	ine for (o), (b), and (c)	).]					INTERVAL	8ETWEEN
PART I. DE	ATH WAS CAUSED BY:		Inanitio						CHOEL A	ND DEATH
O23	DUE TO	Syn	hilitic Ca:	rdiov	ascular Dise	ase wit	h Centra	1		
Canditions, if a gove rise to cause (a), stating lying cause lost.  Part II. OT	ony, which (I mediate the under-	Syp Ner	hilitic Ca: vous System	rdiov m Syr	rascular Dise				1(a) 19. W/	AS AUTOPS
gove rise to cause (a), stating lying cause lost.	ony, which (I mediate the under-	Syp Ner	hilitic Ca: vous System	rdiov m Syr	hilis				PEF	AS AUTOPS' FORMED?
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gove rise to cause (a), stating lying cause lost.	DUE TO SUMMER SIGNIFICANT COMMENTS OF DEATH OF MEDICAL EXAMINER)  OTHER SIGNIFICANT COMMENTS OF DEATH OF MEDICAL EXAMINER OF DEATH OF MEDICAL EXAMINER OF DEATH OF MEDICAL EXAMINER OF MED	Syp Ner D NDITIONS 20b. DES	hilitic Ca: vous System	rdiov m Syr	hilis	Part I or Part	CONDITION GIVI	EN IN PART	YES YES	FORMED?
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1486 LUMBERT SHEET Ch Thirty To Today to the Thirty and the last the seal of the contractions And the contract to the contract of the character of the contract that the

the attending physician and campletely filled in by the funeral director. Then please remave carbon papers. Pages 1 and 2 shauld be filed with

ours after death. Page 4

AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

hained by the haspital ar attending physician.

TO HO

VR A1S (4) 1SM 9/S9

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages the State Board of Health priar to burial, crematian, ar remayal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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del		MARYLA		USUAL RESIDENCE (V o. STATE Maryland	Vhere decease				missian)	
If autside carporate limits earest town)	, write c.	10 years				prote limits, write R	URAL ond g	3 VO	town)	
TAL (If not in hospitol, given		iress)		d. STREET ADDRESS		tan Arranss		0	RESIDENCE N A FARM?	
	-	Middle		Last	4. DATE OF	Mor		Day	Yeor 19 60	
6. COLOR OR RACE	7. MARRIED		_	ATE OF BIRTH	DEATH	9. AGE (In years lost birthdoy)		YEAR IF U	NDER 24 HRS	
ON (Give kind af wark do					te ar foreign a	87 yrs.		ZEN OF WH	AT COUNTRY	
during most of working life, even if retired)  Nurse FATHER'S NAME				Vir	ginia			U.S.A.		
Tones			1.	Amy	1-	name unl	cnown	)		
	vice)		17. INFO		Record		ress			
the under DUE TO (c)_ HER SIGNIFICANT COND	ITIONS <u>CON</u>	NTRIBUTING TO DEAT	H BUT NO	I RELATED TO THE TERA	MINAL DISEAS	SE CONDITION GIV	/EN IN PART	PE	AS AUTOPSY RFORMED?	
MEDICAL EXAMINER)			0e. PLACE	OF INJURY (Home, fai	rm, 20f. (Cib		_ <b>-</b> (C	ounty)	- (Stote	
viel Hal	Ce	19.60 , and t	hat deat	ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.	nd an the	date sta	22b. DATE 5/10/60	
5/14/60	2	3c. NAME OF CEMET	ERY OR CF	ematory  Mem Park	23d. LOCA	TION (City, town,  Mar  TRAR 25b, REGI	or county)  Yland	NATURE	Stote)	
tuner ac	Hon	11100	h.	DATE DATE	MAY I b	00	2000001 2	. , , , , , , , , , , , , , , , , , , ,		
	TAL (If not in hospitol, given the property of	If autside carporate limits, write cerest town)  19  TAL (If not in hospitol, give street add live and limits, write and limits, write cerest town)  19  TAL (If not in hospitol, give street add live and limits, write and limits,	If autide carporate limits, write carest fown)  10 years 11	ARYLAND  If autside carporate limits, write earest town)  1.9  TAL (If not in hospitol, give street address)  1.9  TAL (If not in hospitol, give street address)  1.0  State Hospital  First Middle  Martha  6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. D. ON (Give kind af wark dane libb. KIND OF BUSINESS OR INDUSTRY king life, even if refired)  ON (Give kind af wark dane libb. KIND OF BUSINESS OR INDUSTRY king life, even if refired)  Tones  FIR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFOR Unknown  ATH (Enter only ane cause per line far (a), (b), and (c).)  ATH WAS CAUSED BY: Carcinoma Of DUE TO  SINY, which immediate the under- (c)  HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO:  AS UNDERLYING DUE TO  AS UNDERLYING ON COURRED AND While all work of work of work of work of work of work.  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON ON TRIBUTING TO DEATH BUT NO:  AS UNDERLYING ON TRIBUTING TO DEATH	MARYLAND  Maryland  If outside corporate limits, write c. LENGTH OF STAY IN 1b 10 years 1 1mo 25 days  TAL (If not in hospitol, give street address)  Le State Hospital  Martha  Green  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH 1872?  ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (STO King life, even if relired)  ON (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (STO King life, even if relired)  Tones  IR IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hospital  ATH (Enter only one cause per line for (a), (b), and (c). ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ULE TO (c)  The SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER MEDICAL EXAMINER)  AS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in the under life of the under life of the life of work of work of the work of the life of life of the life of the life of life of the life of life of the life of l	SUMAL RESIDENCE (Where decease on STATE   Maryland   Maryland   Maryland   Maryland   Maryland   Maryland   C. CITY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 1b   10 years   Baltimore   STATE   Maryland   C. CITY OR TOWN (If outside corporate limits, write   C. LENGTH OF STAY IN 1b   10 years   Baltimore   STREET ADDRESS   BO2 N. Carroll   B. DATE OF BIRTH   Lost   Off OF DEATH   STREET ADDRESS   SOZ N. Carroll   STREET ADDRESS   SOZ N. Carroll   Martha   Green   Middle   Lost   Off OF DEATH   STREET ADDRESS   SOZ N. Carroll   STATE   STREET ADDRESS   SOZ N. Carroll   STATE   STATE   STREET ADDRESS   SOZ N. Carroll   STATE   ST		2. USUAL RESORNED (Where decessed lived. If institution. Residence   MARYLAND   2. USUAL RESORDERCE (Where decessed lived. If institution. Residence   2. USUAL RESORDERCE (Where decessed lived. If institution. Residence   2. USUAL RESORDERCE   2. USUAL RESORDERC	Compose   Comp	

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	9/8			
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05316

5331 CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH  o. COUNTY  Anne	Arundel		MARYLAND	2.	USUAL RESIDENCE (WH b. STATE Maryland		d lived. If institution b. COUNTY	on: Residen	run	e admission) iel
RURAL ond give r	(If outside corporate limits, learest town)  1, Ft Geo B A		24 days	>	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond g	give nea	rest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give			1	d. STREET ADDRESS  3 Duval		eet			ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Gerti	rude	Middle		Lost Greynolds	4. DATE OF DEATH	Mon Man		Day	Year '
s. sex Female	6. COLOR OR RACE 7	MARRIED 1	DIVORCED		July 1884		9. AGE (In years lost birthdoy) 75 yrs.	-	1 YEAR Doys	Hours Min.
10a. USUAL OCCUPATI during most of wo Housew:	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OI	BUSINESS OR INDI	JSTRY	11. BIRTHPTACE (Stote West Virg	inia	ountry)	12. CITI	US A	WHAT COUNTRY
13. FATHER'S NAME George To	omblin			14	Nancy H		No. 21			
	ER IN U. S. ARMED FORCE If yes, give war or dates of servi		10 10 10 10 10 10 10 10 10 10 10 10 10 1		Mathew.	er	Add		on.	Md.
Conditions, if a gove rise to couse (a), stoting lying couse lost.  Part II. OT	immediate (DUE TO				Coronary Ar			'EN IN PAR	T 1(o) 15	P. WAS AUTOPSY PERFORMED?
PART II. OT	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRIBE HO	OW INJURY OCCURR	ED. (Er	nter noture of injury in f	Port I or Por	t II of item 18.)			YES NO
-	RY Month, Doy, Year	20d. INJURY O While No ot work ot	t while		OF INJURY (Home, form street, office bldg., etc.		y or town)	(C	County)	(State
alive an	hat I attended the d 13 May RED G. HILKEI	1960 Filke	, and that deat	h acc	U.S. Army Ho	M, from ADDRESS (S Spita	the causes an treet, city or town,  1, Ft Mea	d an the stote)	date	stated above DATE SIGNE 3 May 60
220. BURIAL, CREMATIC REMOVAL (Specify BURIAL 23. FUNERAL DIRECTOR National DIRECTOR	5-18-19 S SIGNATURE	60 BL	ACKBURA DDRESS 3200-	RI	EMETERY	ORL D BY REGIS	0	GILM STRAR'S SIC	CQ. IER GNATUR	(Stote)

TO HOSTIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 arrs after death. Page 4 may be rained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB

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	Commence da leny Diagram				
	TALLA TRESPONDANCE				
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	TALLA TRESPONDANCE				

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO FUNA

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5350

**CERTIFICATE OF DEATH** 

05317 Reg. Dist. No.

PLACE OF DEATH     O. COUNTY	ÃA		MARYL		o. STATE	Mary		lived. If institution b. COUNTY	on: Residen	AA		ion)
	rooklyn		c. LENGTH OF STAY II	N 1b		rookl		ote limits, write RI	URAL ond	give nea	rest towr	1)
d. NAME OF HOSPITA OR INSTITUTION	401 Bon		.,		d. STREET A	_	Air Ro	d.			ON A	FARM?
3. NAME OF DECEASED (Type or print)	Fir Hele		E B.		Heis		4. DATE OF DEATH	Mon 5	th	25 000		Yeor 1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	_	DATE OF BIRT			P. AGE (In years lost-birthdoy) yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.
	N (Give kind of work on the life, even if retired EWLIE	done 10b.	KIND OF BUSINESS OR Home	INDUSTR	11. BIRTHPL	ACE (Stote Mc		untry)	12. CI1	TIZEN O	WHAT	COUNTRY
13. FATHER'S NAME	Gustave Bra	auckh	off		14. MOTHER'S	MAIDEN N		?				
1S. WAS DECEASED EVER (Yes. no. or unknown) NO	IN U. S. ARMED FOR I yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INF	Famil	v		Addr Same	ess			
Conditions, if on gove rise to im couse (o), stoting the lying couse lost.	he under- DUE TO		ARCING TO DEAT	ON A	OT RELATED TO	JA L	L B	SLA DOLCONDITION GIVE	EN IN PAR	6	1 ge	n
PART II. OTHE	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	f injury in I	Port I or Port	II of item 18.)			YES 🗌	NO I
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	While	NJURY OCCURRED 2 Nat while k of work		E OF INJURY ( ry, street, office			or town)	(0	County)		(State)
alive on	5/28/60	19 <u>6</u> در را	BERUAL  22c. NAME OF CEMET	M.I	5.	2/0/	Bold Brook	the couses a set, city or town, set of the Ry	nd on the state)	he dot	e state DA  5/	ATE SIGNED
23. FUNERAL DIRECTOR'S McCully Fu		s 130	ADDRESS  E. Fort Av	re. #	30		BY REGISTR			GNATUR		

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MARYLAND STATE DEPARTMENT OF HEALTH

5351 CERTIFICATE OF DEATH

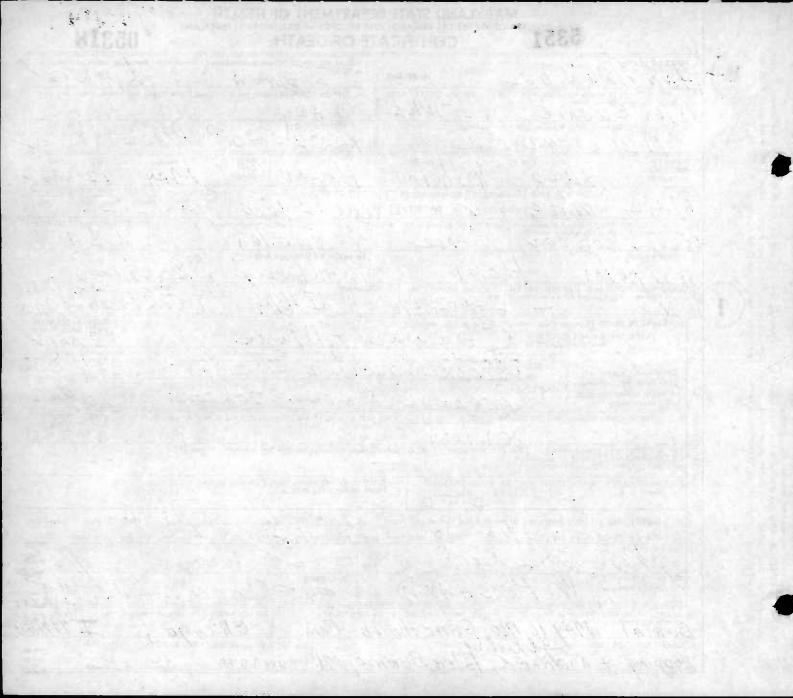
05318

1. PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: R. a. STATE b. COUNTY	esidence befare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL	and give nearest tawn)
(2100 BUENIE	JWKS	( ARG	52x-3
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION	address)	125-3-36 R P/90	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ### ### ############################	Wilhelm7	HOLM 4. DATE Month OF DEATH MILY	Day Year / 2 196 0
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED DIVORCED		NDER 1 YEAR IF UNDER 24 HRS. nths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during mast of warking life, even if retired)	KIND OF BUSINESS OR INDU	STRY 13. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME / 140	lag	PAULINE S. SKOG	lund .
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  Ilf yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. 11	WFORMANT ALL Holay 7/2 Address	Burn so Ma
1B. CAUSE OF DEATH [Enter only one cause per li	ne far (a), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	ARDIAC	JAI/URR	3 pmil
Canditians, if any, which ) (b)	eppro-vas	cular Accident	36 hrs
gave rise to immediate couse (a), stating the under-lying cause last.	eebear.	ARTERIO SCEROSIS	logas
PART II. OTHER SIGNIFICANT CONDITIONS  20g. ACCIDENT WAS UNDERLYING   20b. DES  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 1B.)	Access 1
20c. TIME OF INJURY Manth, Day, Year 20d. I Haur a. m. While p. m. 19 While	Nat_while fo	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) ctary, street, affice bldg., etc.)	(County) (State)
21. I certify that (I) (this haspital) attend	9 / -	the same	19 that (i) (we) last
saw the deceased alive an 22a. SIGNA)URE	1960, and that	death accurred at IFM, from the causes and a	n the date stated above. 22b. DATE
Ills Mitch	and	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	signed
MAME (Type) & W. PEI	CHARD	715 COTTEC 1	2d 6/34
23g. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) MAY 16, 1960	23c. NAME OF CEMETERY CO	OR CREMATORY 23d. LOCATION (City, town, or co	unty) (State) I// INON
24. FUNERAL DIRECTOR'S SIGNATURE 9	LINDDRESS BURN		R'S SIGNATURE
HARRING MIGHTER	BICH SUKI	110 199. DATE MAY 16'60 arthur	7 S. Kraus

TO HOSELAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may in Jained by the haspital ar attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely fillian has the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Baard at Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/59



### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5352

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

05319

000	Keg.	Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residues b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside carporote limits, write RURAL and give reporest town)	c. CITY OF TOWN Alf outside corporate limits, write RURAL of	nd give nearest tawn)
d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Tokn  Middle	Hopkins 4. DATE Month	16 19 60
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	Clar. 11,1844 Stathbay Month	Der 1 YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life even if retired)	Sauce River	CITIZEN OF WHAT COUNTRY?
13. FATHER NAME T. Daphine	18. MOTHERS, MAIDEN NAME Clin aketh New	nt
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service) 218-36-8822	Rouise Hoodfield	Galwill M
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and, (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Canditians, if any, which  (b) Hiffertaurine	hemorrhage cardio vascular devas	INTERVAL BETWEEN ONSET AND DEATH :5 days
gove rise to immediate cause (a), stating the under-lying couse last.    Grand diate   Grand	hetes melleters	years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F	ART 1(4) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for wark of work for the p.m. 19 of wark of work for the p.m.	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	(County) (State)
To filt	n occurred of 4 C5 AM, from the couses and or ADDRESS (Street, city or town, state)	I lost saw the deceosed the dote stoted above.  DATE SIGNED
PHYSICIAN'S NAME (Type)	SHADY SIDE, MD	5/20/6
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	OR CREMATORY 22d OCATION (City, town, occount	y) (State)
23. FUNERAL DIRECTOR'S SIGNATURE LANDRESS GOVERNMENT GO	240. REC'D BY REGISTRAR 246. REGISTRAR'S  DATE AY 23'60  Outling 8	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may retained by the hospital ar attending physician.

TO FUL ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filter in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO FU VS A15 (4) 15M 9/5S

	VIE OF DEATH	CERTIFIC	2552	
		2 9 188-1,580-11		
and				
TO THE POWER PROPERTY OF THE PARTY OF THE PA		Sales And Sales		
BO STAN SEC				
		200	A THE STREET	
				CHEST TO
M Harris				
			A 14 100	

FOR STATE TO DOTTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, me please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Suneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after leath.

> VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

5308 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05220

		0002	
•	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence by	
	Anne Arundel MARYLAND	Maryland b. COUNTY Anne Arus	ndel
	b. CITY OR TOWN (if outside corporele limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give near	rest town)
	write RURAL end give neerest town) Annapolis	√ Annapolis	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)		. IS RESIDENCE
	Rt. #4, Box #41	Rt. #4, Box #41	ON A FARM?
	3. NAME OF First Middle	Lest 4. DATE Month Dey	Yes:
	DECEASED	OF	1060
1	OTHER	HONL LOS	1960
	5. SEX   6. COLOR OR RACE 7. MARRIED   NEVER MARRIED   8.	to a trial day a	UNDER 24 HRS.
	Male of WIDOWED DIVORCED 15	1-14-1891 69 yrs.	
	10d. USUAL OCCUPATION (Give kind of work dong-during prost of working Jife, even if retired)	BIRTHPLACE (Stale or foreign country)	YHAT COUNTRY?
i	Rettred	Maryland U	), A,
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	1
	CANK DA ONTO	unknow	10
		NFORMANT Address	1-10
	(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	mma Hunt ames	MIN.
	18. CAUSE OF DEATH [Enter enly one cause per line for (e), (b), and (c).]	INTERV	VAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Purulent pericardit		T AND DEATH
	.16 0 :	10	
	Conditions, if any which has Bronchonneymonia		
	geve rise fo immadiata causa		
	(a), stating the underlying DUE TO		
	causa last. (c)	`	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19.	PERFORMED?
	<u>V</u>		NO [
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING COURED. (EPILON CONTRIBUTING CONTRIBUTING COURSE)	ntar neture of Injury in Part I or Part II of item 18.)	- Committee
	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Homa, ferm, 20f. (City or town) (County)	(Steta)
	Zoc. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA: Hour a.m.  p.m. 19 et work af work	pry, street, office bldg., etc.)	
	21. I certify that I took charge of the remains described above, hel	d an Autopsy X, Inspection T, Inquiry T, and in	my opinion
	death resulted from: Natural causes X. Accident . Suici		,
1	Transfer Course A. Mericon	CHIEF MEDICAL EXAMINER 🔀	
1	ACTUAL SAME IN		
	SIGNATURE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	M.D.	TE SIGNED
	EXAMINER'S Russell S. Fisher, M.D.		3/60
	NAME (Type) TUSSELL D. FISHET, M.D.  22e. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OR	Address (Streat, city, fown, or county)  CREMATORY   22d. LOCATION (City, town, or country)	- /Ctata)
	REMOVAL (Specify)	LE DOLLING CITY, IOWII, OF COUNTY)	(State)
	Dunal -11-60 N. roady	on willargarer	U
	25 FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAK 246. REGISTRAR'S SIGNATURE	
	Millean Veesett Centre,	DATMAY 26'60 Cather S. Kraus	

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05321

Anne Arundel MARYLAND G.	Maryland Baltimore City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Crownsville  c. LENGTH OF STAY IN 1b  years  2mo. 9 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Baltimore  3 Voi
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Crownsville State Hospital	726 Harford Avenue  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \overline{\overlin
3. NAME OF DECEASED (Type or print) First Middle Mae	Height 4. Date of Death Day Year Hurt 5 1 1960
The state of the s	F OF BIRTH  9. AGE (In yeors of birthdoy)
Female Negro WIDOWED DIVORCED DIVORCED Octo	100e1 27 2750 271.
Unknown	Unknown U.S.A.
	MOTHER'S MAIDEN NAME
Mitchell Bethay	Rachel Steele
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (If yes, give wer or dates of service) Unknown Hos:	ANT Address
1B. CAUSE OF DEATH [Enter only one cause per line far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.  (b)  DUE TO  Syphilitic Cardiova:	scular Disease
DIA	ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	er nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED PLACE OF foctory, str. P. m. 19 of work of work	FINJURY (Hame, form, 20f. (City or town) (County) (State) treet, office bldg., etc.)
220. SIGNATURE  220. PHYSICIAN'S  NAME (Type)	accurred of A.M. from the causes and an the date stated abave.  ATTENDING MED. STAFF PHYS. 5126 ADDRESS  Crownsville S. ate Hospital, Maryland
230. BURIAL, CREMATION, 23b. DATE THEREOF PREMOVAL (Specify) 5-13-60 23c. NAME OF CEMETERY OR CREM	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS  1639N. Bapadway	25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE  1 DAMEN 10'60  Cooling S. Trans
Balti	Ad.

ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4 indined by the haspital or attending physician. and 2 shaud be filed with M TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

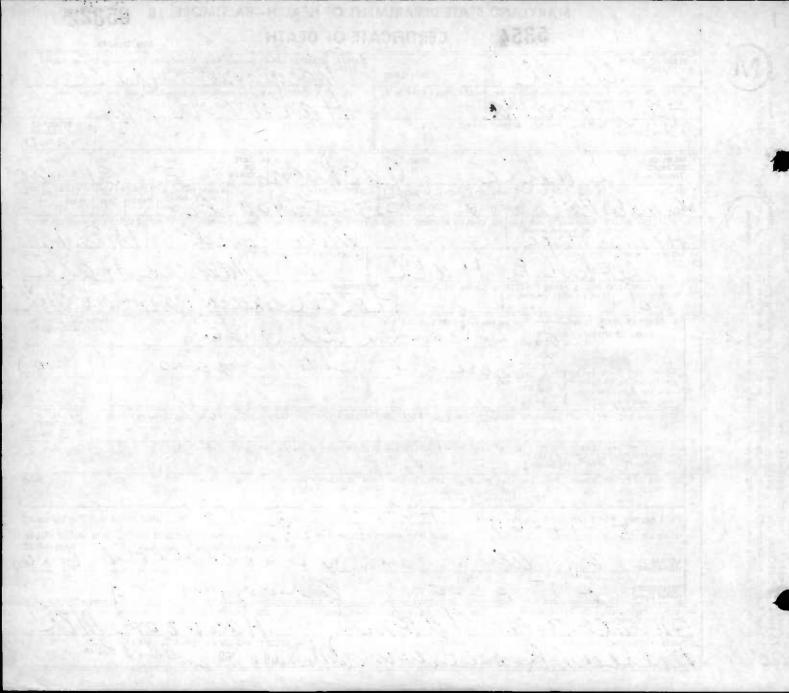
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VS A15 (4) 15M 9/5B

ARYLAND	STATE DEPARTMENT	OF HEALTH-BALT	IMORE, 18	05322
5354	CERTIFICATE	OF DEATH	,	Diet No

M

	0004	CERTIFICA	IE OF DEATH	Reg	g. Dist. No.
1. PLACE OF DEATH o. COUNTY	a	MARYLAND	2. USUAL FESTOENCE (Where o. STATE	deceased lived If institution: Re	estigence before admission)
b, CITY OR TOWN (If outside corpor RURAL and give nearest town)	dilla.	OTH OF STAY IN 16	c. CITY OR TOWN (IF outsi	de corporate limits, write RURAL	and give rearest town)
Ed. NAME OF HOSPITAL (If not in ho OR INSTITUTION	spitol, give street oddress)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES X NO
NAME OF DECEASED (Type or print)	die	Middle (	eckeon	DATE Month OF DEATH	Doy Year 196
Semule of	WIDOWED W	DIVORCED   B	5-25-190		NDER 1 YEAR IF UNDER 24 H
On. USUAL OCCUPATION (Give kind of during most of working life, even in	of work done 10b. KIND OF retired)	BUSINESS OR INDUST	TRY FL BIRTHPLACE (Stote or	oreign country)	2. CITIZEN OF WHAT COUNTS
S. FATHER'S NAME ADLINE	18, H	all	14. MOTHER'S MAIDEN NAM	Maggie	Hall
S. WAS DECEASED EVER IN U. S. ARN (es, no, or unthown) (If yes, give war or		SECURITY NO.	otties.	lasp. Har	wood mc
18. CAUSE OF DEATH [Enter only	h /	, (b), and (c).]	1 - 4		INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO  (b) Sperce  DUE TO  (c)	ed to	witing	agans	11 mo
	nt conditions <u>contrib</u> u	JTING TO DEATH BUT I	NOT RELATED TO THE TERMINA	LDISEASE CONDITION GIVEN IN	N PART 1(o) 19. WAS AUTOP PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH	W INJURY OCCURRED	. (Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, D Hour o. m. p. m.		CCURRED 20e. PLA foct work	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Sto
21. I certify that I attend	L= 6.11				I last saw the deceas
ACTUAL SIGNATURE	all	, and that death		fram the causes and an ORESS (Street, city or town, state	
PHYSICIAN'S NAME (Type)	TALL	FN	Cerus	egroly a	4
RO. BURIAL, CREMATION, 22b. DATE	THEREOF 20c. X	AME OF CEMETERY OR	CREMATORY 22	d. LOCATION (City, town, or con	a IIIa
2. FUNERAL DIRECTOR'S SIGNATURE	Reesli	THAM!	10 DATE JUN	y registrar 24b. registral	R'S SIGNATURE



TO DEPUTY MEDICAL EXAMINER: This certificate should be

4	5353 EDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) MARYLAND  **Maryland**  **Maryland**  **Maryland**  **Arundel**  **Maryland**  **Maryla
M)	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  ond give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)
	Gibson Island  12 Yrs. Gibson Island  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  7 d. STREET ADDRESS  6. IS RESIDENCE
	d. Name of Hospital or Institution (If not in hospital, give street address)  Skywater Road  Skywater Road  On a farmi
	3. NAME OF First Middle Cost OF OF OF DECEASED (Type or print) Adeline O. Johnson OF DEATH 31% May 19
	5. SEX FEMALE  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  8. DATE OF BIRTH  9. AGE (In years lost birthday)  13Aug. 1909  9. AGE (In years lost birthday)  50 yrs.  Months Days Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign caunity)  11. BIRTHPLACE (Stole or foreign caunity)  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE (Stole or foreign caunity)  14. CITIZEN OF WHAT COUNTRY  15. A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Daniel Dickey  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  607 Extergreen Rd.
	No Payson O. Johnson West Severa Park Md.  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate cause (c), stoling the underlying cause lost.  Conditions to immediate cause (c), stoling the underlying cause lost.
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a, m. 20d. INJURY OCCURRED While Not while at work at work at work 19 at work 1
2	21. I certify that I took charge of the remains described above, held on Autopsy , Inspection  ond Inquiry ond find the death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined cause
	ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   6/1/60
	220. BURIAL CREMATION, REMOVAL (Specify)  Burial  22b. Date Thereof  22c. NAME OF CEMETERY OR CREMATORY  Brooklyn, R.F., D, Maryland
X	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE

Trekard V. Singelion

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

05323

e. IS RESIDENCE ON A FARM? YES NO X

60

Inquiry X ond find that

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN
ONSET AND DEATH
W LEELL

YES NO THE

5M 9/55

COCH . WINE ELECT CORP. OF STREET THE REPORT OF THE PARTY OF THE AND THE PROPERTY OF miner days and same of the same Mark Ma. added to be the best of the series at the ing bas lacent XX should be respirate if a supply of the second of the se Line 1980 1. Sevent 1982 the eastern of the collection of the collections

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5309 CERTIFICATE OF DEATH

1)5324 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Anne Arunde	1	MAR	YLAND	2. USUAL RESIDER	NCE (Where		b. COUNTY		nce before od	
b. CITY OR TOWN (I RURAL ond give no Annap		ts, write	c. LENGTH OF STAY	+1	c. CITY OR TO	wn (If outsi	- 1	limits, write R			
OR INSTITUTION	At (If not in haspital, old General H				d. STREET ADD	oress 2 West	St.,			0	RESIDENCE N A FARM? S NO 🔯
3. NAME OF DECEASED (Type or print)	Fir Louise		Middle		JOHNSON	4.	DATE OF DEATH	Mon May	th	Doy 24	Yeor 19 60
5. SEX Female	6. COLOR OR RACE	7. MARR		_	DATE OF BIRTH	. 1900		AGE (In years last birthday) 59 yrs.	IF UNDER Months	Days Ho	NDER 24 HRS. urs Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	- 623		RY 11. BIRTHPLAC		foreign coun	//	12. CIT	U.S.	HAT COUNTRY
13. FATHER'S NAME  LANGE AND	d Go		50CIAL SECURITY NO	. 1	14. MOTHER'S M	A V. 7	S Taul	ten Add	VAL.	tura.	Md,
	mmediate ( Dus 70	ca	Payerey	To a	liver listo	eliste Color	in of	elasto Lynn	had		L BETWEEN IND DEATH
CATIO	AS UNDERLYING CALL AS UNDERLYING CALL AS UNDERLYING MEDICAL EXAMINER)		CONTRIBUTING TO DE	1					EN IN PAR	PE	AS AUTOPSY REFORMED?
20c. TIME OF INJUR Hour o. m. p. m.		While	NJURY OCCURRED  Not while  t of work	20e. PLAC focto	E OF INJURY (Ho ry, street, office b	ome, farm, oldg., etc.)	20f. (City or	town)	(0	County)	(Stote)
	nat I attended the May 24	decease , 196			occurred of 5	:00P.	M, fram t		and on t		tated obove DATE SIGNED
220. BURIAL, CREMATIC			22c. NAME OF CEM	AETERY OR		apolis		N (City, tawn,	or county)		(Style)
3 FUNERAL DIRECTOR	15-29-	60	PINE	LAW	1 2	240. REC'D 8	Y REGISTRA	A DOL	STRAR'S SIG	GNATURE	1
C, E, H,	che III	Luci	Abalia-	Ma		ATE JUN	1 '60	1 a	Thun &	. House	

in by the funeral director, and 2 should be filed with hours after death, Page 4 AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 DEUT. ALD DIRECTOR: After this certificate has been signed by the attending physician and completely fit page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death. stained by the haspital or attending physician. TO HOSP TO FUT VS A15 (4) 15M 9/55

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	a Smorth			
25.00 (2) (4)				
				TO Stories
		CONTRACTOR OF STREET		STATE OF LINE
	A DESCRIPTION OF THE PARTY OF T		1915	
THE WAY STEELS			P. C. C.	C-100 1-3
ESTA BALLAN SHIP			A THE PARTY OF THE	SERVICE PROPERTY OF THE PERSON NAMED IN
and the second	LUFEL M. ROMESTALL	A SOUNDED		
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ours after death. Page 4

may: retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled to FUNERAL DIRECTOR.

VS A1S (4) 1SM 9/S8

the registrar prior to buriol, cremation, or removal, and in any

Then please remove carbon popers. event within 72 hours after death

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5356 **CERTIFICATE OF DEATH**

05325

Reg.	Dist.	No.

1. PLACE OF DEATH a. COUNTY	e Arundel	MARYLAN	2. USUAL RESIDENCE (W a. STATE		If institution COUNTY	: Residence be	efore admiss	ion)
RURAL ond give	(If outside corporate limits, wrinearest tawn)	c. LENGTH OF STAY IN 2 yr.7 mo.	to Washing to		nits, write RUR	RAL ond give r	147X	-3
d. NAME OF HOSP OR INSTITUTION	Distriction of Central	n'ngschool ter	d. STREET ADDRESS #9 Knax (	Circle S.E	•	V		FARM?
3. NAME OF DECEASED (Type or print)	First Vaughr	n Eugene	Johnson	4. DATE OF DEATH	Month May	22		Yeor 1960
s. sex male		AARRIED NEVER MARRIED	1 13 / 3000	l made		Manths Days		R 24 HR Min.
	ION (Give kind of work dane orking life, even if refired)	10b. KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (State Washingt	or foreign country) Con, D.C.		12. CHIZEN		OUNTRY
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Yes, no, or unknown)	/ER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	16. SOCIAL SECURITY NO.	Children's Ce	enter, Lau	Addres			
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220. SURIAL, CREMATI REMOVAL (Specifi Burial		22c. NAME OF CEMETER		22d. LOCATION (	City, town, or	county)	(State	
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S may ges 1 g	13.	FATHER'S NAME Earl	M. Jones				Silvia		AME Herrick					
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#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 5357 CERTIFICATE OF DEATH

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1. PLACE OF a. COUNT	Y			MARYL		USUAL RESIDENCE (		b. COUNTY		e befor	e admiss	sion)
	Arundel	tim	ite maite			Maryland			More		- 4.4	-
RURAL	R TOWN (If outside and give nearest tav	vn)	iits, write	c. LENGTH OF STAY II	NIP	c. CITY OR TOWN (	It outside corpo	rote limits, write R	UKAL ond g	o . /	rest town	n)
	nsville			10 days		Baltimor	:e			3 V C	11.9	+
d. NAME OR INS	OF HOSPITAL (If na	I in hospital,	give street	oddress)		d. STREET ADDRESS					e. IS RES	SIDENCE A FARM?
Crow	nsville S	tate H	ospit	al		2425 Harl	em Aven	ue				] NO [
3. NAME OF DECEASED			rst	Middle		Last	4. DATE	Mon	th	Day	y	Yeor
(Type or p		M	anson			Jones	OF DEATH	5		30	)	1960
S. SEX	6. COL	OR OR RACE	7. MARE	RIED NEVER MARRIEL	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER	1 YEAR		
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10o. USUAL C	OCCUPATION (Give	kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Ste	ote or foreign co		12.CITI	ZEN OF	WHATC	COUNTR
during m	ast at working life,	even if retired	d)			Maryland		,			S.A.	
Unkn 13. FATHER'S					1,	4. MOTHER'S MAIDE				-	0111	
	nown					Unknow	ML .					
Yes, no, or unkn		. ARMED FOI wor or dates of		SOCIAL SECURITY NO.	17, INFOR			Add	ress			
Unkno	wn			Unknown	Но	spital Rec	cords					
IB. CAU	SE OF DEATH [Ent	er only one c	ouse per li	ne for (o), (b), and (c).							RVAL BE	
P.	ART I. DEATH WAS			Secondary A	nemia					ONS	ET AND	DEATH
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couse (d	o), stating the <u>unde</u>											
	ouse lost.			Gastric Ulc								
CERTIFICATION OR CON OR CON OR CON	ART II. OTHER SIGN	IFICANT CON	ADITIONS (	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	PERFC	AUTOPS DRMED?
3		Hy	ypert	ension, Cere	ebral	Hemorrhag	e				-	NO [
20a. ACC	IDENT WAS UNDER	RLYING 🗆	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury	in Part I or Por	t II of item 1B.)				
U (IF EITHE	TRIBUTING CAUS R, NOTIFY MEDICA	L EXAMINER)						200				
₹ 20c. TIME	OF INJURY Mont	h, Day, Ye	ar 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY (Hame, fo	orm, 20f. (City	or town)	(0	ounty)		(Stot
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>	p. m.		OI WOI	k of work	-	100	60	E /20		_		
21. 1 ce	rtify that (1) (th	nis hospito	1), often	ded the deceosed f			1960 . to _	5/50	19.6	/	ot (1) (	
saw the	e deceased aliv	ve on5	/39	1960 , and t	that deat	h occurred of	M, from	the couses an	d on the	dote	stoted	l obov
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22c. PHY				5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		22d. ADDRESS						110
	Hildegard	Heard	Reis	sman. M. D.		Crownsvi	ille Sta	te Hospi	tal,	Mary	7lan	d
23a. BURIAL,	CREMATION, 23b.	DATE THERE		23c. NAME OF CEMET	TERY OR CR	REMATORY	23d. LOCA	ION (City, town,	or county)		(Stot	te)
Buri	L (Specify)	ne 3.	1960	Mt. Aubur	797)		Belt	imore		7	No me	land
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			1,00	ADDRESS		25o. R	EC'D BY REGIST		STRAR'S SIC			THIII

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5358 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Anne Arundel Maryland Arundel Anne b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 2 hrs 15 min Fort George G. Meade Fort George G. Meade d. NAME OF HOSPITAL (if not in haspital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? 1924-C Reece Road U. S. Army Hospital YES NO K NAME OF 4. DATE Middle Month Year DECEASED Fille (Type or print) INFANT MALE KATAGIRI DEATH Mav 19 60 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months 12 May 1960 Mala Mong. WIDOWED | DIVORCED [ 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, 8IRTHPLACE (State or foreign country) during most of working life, even if retired) N/A USA Maryland ond carbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician requires that the death certificate Taro Katagiri Sonoko Suzuki remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (Mother) Sonoko Katagiri - 1924-C Reece Rd. Ft GGM, Md aftending please 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL SETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Immaturity IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underbeen si lying cause last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? removal has YES NOTE 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f, (City or town) (County) (State) factory, street, affice bldg., etc.) Haur a. m. Nat while at wark at wark detached far . 1960 to 13 May 19 60that I last sow the deceased 21. I certify that I attended the deceased from 12 May , and that death occurred at: 40 AM, from the causes and an the date stated above. olive on RAL DIRECTOR: ADDRESS (Street, city ar town, state) DATE SIGNED ACTUAL 13 May 60 SIGNATURE 0 NAME (Type) CARL A. FISCHER, LT COL. MC US Army Hospital, Fort George G. Meade, Md 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Cremation Laboratory, U.S. Army Hospital, Ft Geo G. Meade, Maryland 13 May 1960 Capt., MSC, USAH, FGGM DATE MAY 1 7 '60 246. REGISTRAR'S SIGNATURE CAPT. 0 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4)

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5311 CERTIFICATE OF DEATH

Reg. Dist. No

	Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY
Anne Arundel MAR	Maryland Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STA	Y IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give nearest town) Anna polis	/O Annapolis
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	/ d. STREET ADDRESS e. IS RESIDENT
305 Chesapeake A e	305 Chesapeake Ave ON A FARA
V	
3. NAME OF First Middle OF Street OF	4. DATE Month Day Year OF DEATH May 27 196
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARR Female  White  WIDOWED DIVORCE	- le 10   lost buthday) Months Days Hours M
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS	OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12, CITIZEN OF WHAT COU
during most of working life, even if retired)	Maryland U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William G. Lowma	n anna 6. Mremford
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	O. 17. INFORMANT Address
(Yes, no, or unknown) (If yes, give war or dates of service)	Leolge 1, King (2)
18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c	:).] INTERVAL BETWEE
PART I. DEATH WAS CAUSED BY:	ein Kneymou's ONSET AND DEA
IMMEDIATE CAUSE (0)	
DUE TO	1 2 11
Conditions, if any, which	, saguegue 1.7
gove rise to immediate cause (o), stating the under-	
lying couse lost.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO
OIE .	PERFORMED
2	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work at work	20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (S
Hour a.m. While Not while of work at work	factory, street, affice bldg., etc.)
p. m. 19 at wark at wark	2 4 1 4 25-4 21
21. I certify that I attended the deceased from.	30., 1960, to May 26, 1960, that I last saw the dece
olive on May 26. 19 60 , and the	at death occurred of $7:40A$ M, from the couses and on the date stated a
1 1011	ADDRESS (Street, city or town, state)  DATE S
ACTUAL TO A SAMMAGATHES	Mp. 121 Cathedral St., 5/27/
SIGNATURE	M.D. 121 Cathedral St., 5/27/
PHYSICIAN'S Frank M. Shipley	Annapolis, Md.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF SE	METERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stage)
TREMOVAL (Specify) May 35-1940 St	me Comet Classabel Mr
23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John M Janar Stees annel	Role 1867
1	DATE MAY 31 64 Circling S. Tration

in by the funeral director, and 2 should be fitted with may trained by the hospital or attending physician.

O FUN AL DIRECTOR: After this certificate has been signed by the attending physician and completely fit page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4

START OF DEATH

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5359

**CERTIFICATE OF DEATH** 

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24	y. U	131.	MO.	

1. PLACE OF DEATH o. COUNTY	ANNe Aruno	lel	MARYLAN	2. USUAL RES	DENCE (Where d	eceased lived	d. If instituti b. COUNTY	ion: Reside	nce befor	re admiss	ion)
b. CITY OR TOWN RURAL and give I	(If outside corporate lim	6, write c. LI	ENGTH OF STAY IN 1	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  50 Brooklyn							
d. NAME OF HOSP OR INSTITUTION	61 ml 10 20 1 1 1 1	ive street oddre									DENCE FARM?
3. NAME OF DECEASED (Type or print)	Edi Edi	vard	Middle L •	Kosad	ok C	ATE OF EATH	Mor 5	nth	18	'	Year 60
5. SEX	6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	- 10n la	н 97	9. AC	GE (In years bythday) yrs.	Months	Days	Hours	R 24 HRS. Min.
10a. USUAL OCCUPATE during most of wo Labor	ION (Give kind of work rking life, even if retired PCT		of Business or in	IDUSTRY 11, BIRTHP	IACE (State or for Md.	eign country	)	12. CI	TIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME	Lwarenc	е		14. MOTHER'S	Theresa	. Webe	r				
15. WAS DECEASED EV (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s W W # I		AL SECURITY NO. 17	7. INFORMANT Fami	Ly		Same				
Conditions, if a gave rise to cause (a), stoting lying cause lost.  PART II. OT	the under-		partie	BUT NOT RELATED TO	Kerrejo	kg så	NDITION GIV			9. WAS	AUTOPSY
OR CONTRIBUTING	'AS UNDERLYING [] G [] CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCU	RRED. (Enter nature o	of injury in Part I	or Part II of	item 1B.)				RMED?
20c. TIME OF INJU	MEDICAL EXAMINER)	While	OCCURRED 20e. Not while of work	PLACE OF INJURY ( factory, street, office	Home, farm, 201 e bldg., etc.)	. (City or to	wn)	(	County)		(State)
21. I certify to alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Philips	deceased fr., 19 60	, and that dec	M.D.	4ª M,	fram the	city or town,	and an t		e state	
220. BURIAL, CREMATIC REMOVAL (Specify	5/21/6		NAME OF CEMETERY		22d.		city, town, o	9.5 -		(State	•)
23. FUNERAL DIRECTOR MCCully			ADDRESS 30 E. Fort		DATE MAY	egistrar 2 3 '60		STRAR'S SI			

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please exe 4 shauld be 4, crematian,	M	1. 8	PLACE OF DEATH a. COUNTY Anne Ar	undel		MARYLAND	o. SMaryland		ed lived. If Institution b. COUNT		ence befo	ore admission)
r. Page 4	0		and give negrest town) Arnold	putside corporate limits, write		c. LENGTH OF STAY IN 16 Few minutes	c. CITY OR TOWN (I				d give no	
irector les. prior	X	0	ld Annapol			N. of Ritchie	d. STREET ADDRESS RFD Rt	// <del>//</del>			1	e, is residence On a farm?, YES NO
fune r your			NAME OF DECEASED Type or print)		uel	Howard	Lawson	4. DATE OF DEATH	Mont	May	Day 13	Year 19 60
3 to the fur tained far with the re		5. \$	Male	White	WIDOWE		Jan. 13, 19		9. AGE (In years lost birthday) 51 yrs.		Days	Hours Min.
2, and 3 be retained and 2 w			ASSESSOI	N (Give kind af wark of life, even if retired)	lane 10b. K	A.A. Co.	Y 11. BIRTHPLACE (Stole Md	ar foreign ç	ountry)	12. CtT	US!	WHAT COUNTRY
5 may ges 1		3	Wm. Howar						n Fountai	in		
File		15. {Yes,	NO NO	R IN U. S. ARMED FOI (If yes, give war or dates of s	CES? 16.		Family		Above			
be executed with I in Item 18. Gi with farm PM3transit permit.			97 1. 8	H [Enter only one county was CAUSED 8Y: MMEDIATE CAUSE (a) DUE TO		for (o), (b), and (c).] Suicide by C	yanide Poiso	oning			INTER	State hly
penci along burial	1		Conditions, if an gove rise to immed (o), stating the u couse lost.	nderlying DUE TO								
nding" in 's Office used as a	V	CERTIFICATION				ONTRIBUTING TO DEATH BUT NO				VEN IN PAR		PERFORMED2,
rd 'per caminer			20g. EXTERNAL CAU PRIMARY CON CAUSE OF DEATH.	IKIBUTING L	Place	E HOW INJURY OCCURRED. (En Cyanide in wh	iskey and dr	rank				
g the wa edical Es ige 3 sha		MEDICAL	9:10 20m	Month, Day, Yea 5/ 13196	O O While		E OF INJURY (Home, formy, street, office bldg., etc treet	m, i 20f. (City	Arnold	(Co	AA	(State) Md.
2 ≥ ≥.)	~				-	remains described abay  ], Accident [], Suic	e, held an Autaps ide <b>U</b> , Hamicid		nspectian [2] ndetermined		, ,	and find the
rifificate, writte ta the Chief.	2		ACTUAL SIGNATURE	steal Hil.	and	leadured	M.D. CHIEF MEDICAL E	XAMINER				DATE SIGNED
ERAI				ıstav Faube		D.	ASSISTANT MEDIC	EXAMINER [	2			5/13/60
farw TO FUN		_	pm.rgr	5/17/60	F	Loudon Park	Cemetery	Bal	non (City, town, timore			(Stote) Md.
VS. A15ME(5) 5M 9/55	B.		everna Pai	ck Funeral	Home	of Robert S. 1	Barranc GATE M	D BY REGIST	RAR 24b. REGI	rthun 2		
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VS A15 (4) 1SM 10/57



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5312

#### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ann	H ne Arundel		MARYL	10000	o. STATE	ryland		d lived. If institu b. COUNT	Υ .	e before odn Arunde	_
RURAL ond giv	VN (If outside corporate limite nearest town)	its, write	c. LENGTH OF STAY IN	V 1Ь	320						
d. NAME OF HO											A FARM?
Anne A	rundel Gener	al Hos	spital		ВО.	x 40,	RFD 4	4		YES	□ NO 🔯
3. NAME OF DECEASED (Type or print)	MARY M	rst	Middle T	IND	Lost		4. DATE OF DEATH		inth G	Day	Yeor 19 60
5. SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH	4		9. AGE (In year		1 YEAR IF UN	
Female	White	WIDOWE	-	-	uly 17,	1903		last by thaoy)		Days Hou	
during most of	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  At home					ace (Stole o		ountry)		S.A.	AT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S	MAIDEN NA	ME		4-5		
Mor:	ris Ferguson				Ida M	. Benn	ner				
15. WAS DECEASED	EVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. INF	ORMANT			Ad	dress		
No.	(If yes, give wor or dates of s	iervice)		Con	rad Line	d, Box	320	RFD 4,	Annapo	lis, M	id.
Conditions, gove rise t couse (o), stot lying couse I	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  if ony, which to immediate ting the under- lost.  OTHER SIGNIFICANT CON	an pr	samo,	in	colus dial efet presinate	ada	eles en	Recent Rect Pole E CONDITION G	eanol	1(o) 19. WA	AS AUTOPSY IFORMED?
20g. ACCIDENT OR CONTRIBUT (IF EITHER, NO	T WAS UNDERLYING  TING CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CAUSE OF DEATH OF THE CAUSE O		RIBE HOW INJURY OC								
Hour o.		While	JURY OCCURRED  Not while at work		E OF INJURY (I ry, street, office		Zor. (City	or town	(C	ounty)	(Stote)
21. I certify alive an  ACTUAL SIGNATURE_ PHYSICIAN'S NAME (Type)	that I attended the	19 6 Rp 0 DL E	C., and that a	death o	0. 45 F.8	1154 resula	lin In S	n the causes treet, city or town	and on the state of the state o	justi	DATE SIGNED
Burial (Spe	ation, 22b. date thereo		Geln Hav					TION (City, town)  Burnie		(5	itote)
23. FUNERAL DIRECT	TOR'S SIGNATURE Funeral Home	4210	ADDRESS Belair Ros	ad.		240. REC'D	6 3 Ph .	0.0	SISTRAR'S SIG		

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AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS -- BALTIMORE 1. MARYLAND

DIVIDIOI	SIAHISHI	WE KESELKEL	MIND	KECOKD.	DAL
5361 toma	8.9	ERTIFIC	ATE	OF D	EATH

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COMNTY MARYLAND CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) 3 mos. ALL 1/215V1/10 d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS **OPJINSTITUTION** ON A FARM? YES NO [ NAME OF DATE Middle Year DECEASED DEATH (Type ar print) 196 9. AGE (In years IF UNDER 1 EAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH last birthday) Manths Days DIVORCED [ WIDOWED X 1886 yrs. 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 113 BOONE TH 6. SOCIAL SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (a) (b) one (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OFFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar Town) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark 21. I certify that (1) (this haspital) attended the deceased fram. saw the deceased alive an W. Wern the causes and an the date stated above.

attending physician 0 7 0 ned far prior

il director, filed with

the funeral shauld be fil

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within

after death. Page

MARYLAND 23a. BURIAL CREMATION, 23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

and that death accurred at

M.D.

ATTENDING PHYS.

22d. ADDRESS

23d. LOCATION (City, town, or county)

PHYS.

(State)

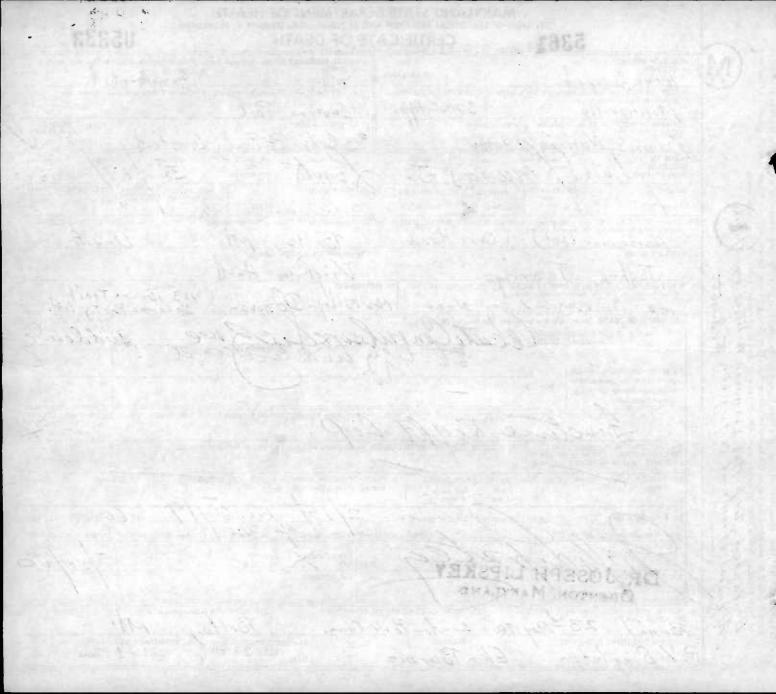
22b. DATE

24. FUNERAL DIRECTOR'S SIGNATURE

220. SIGNATUR

25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE MAY 23 '60 DATE

DIRECTOR \_



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

5360 CERTIFICATE OF DEATH

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000	16								
o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE		stitution: Residence	before admission)				
Anne Arundel	its write   - ISNOTH OF CTAV IN II	Maryland			and the second				
<ul> <li>CITY OR TOWN (If outside corporate lim RURAL and give nearest town)</li> </ul>		c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)							
Crownsville	1 mo. 18 days								
d. NAME OF HOSPITAL (If not in haspital, OR INSTITUTION		d. STREET ADDRESS  e. IS RESIDENCON A FARM							
Crownsville State Ho		Unknown			YES NO				
DECEASED	irst Middle Raymond	Long	4. DATE OF DEATH	Month 5	20 19 60				
SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		EAR IF UNDER 24 HR				
Male Negro	WIDOWED DIVORCED	August 26, 18	last birth	yrs. Manths Do	ays Haurs Min.				
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY									
Unknown	during most of warking life, even if retired)			U.S	U.S.A.				
3. FATHER'S NAME		Maryland  14. MOTHER'S MAIDEN N	IAME	, , ,					
John A. Long		Anna	٦						
S. WAS DECEASED EVER IN U. S. ARMED FOI		NFORMANT		Address					
Yes, no. or unknown) Yes World War I		Hospital Recor	da						
		GODDI GGT 146 GOT	40		INTERVAL BETWEEN				
18. CAUSE OF DEATH [Enter only one of PART I. DEATH WAS CAUSED BY:	(	1	-1		ONSET AND DEATH				
IMMEDIATE CAUSE (	ophavare Myodomical	~ Cardiae	arkesI	<u>e</u>					
33 4 DUE TO	2			,					
Conditions, if ony, which )	WCBS. assoc. To	Exbrab & Be	narahize air	toninchosis					
gove rise to immediate DUE TO									
lying couse lost.									
	NDITIONS <u>CONTRIBUTING TO DEATH</u> BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO				
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I ar Part II of item 1	B.)					
20c. TIME OF INJURY Month, Doy, Ye	ear 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	, 20f. (City or town)	(Cou	enty) (Stote				
Hour o.m.	111111111111111111111111111111111111111	octory, street, office bldg., etc	.)						
₹ p. m.	ot work at work	. /							
21. I certify that (I) (this hospita			7 , to 5/20		, that (I) (we) la				
saw the deceased alive an 5/2	20 1960, and that	death accurred at	M. fram the cause	es and an the c	date stated above				
22a. SIGNATURE					22b. DATE				
Alexand learly form		M.D. PHYS.	ED. STAFF PHYS.	1	5/203/80				
22c. PHYSICIAN'S		22d. ADDRESS	ALCHOR   THIS.						
NAME (Type)	Heard Reissman, M.		e State Hos	nitel Me	mrl and				
niidegard i	Tear or wersement   M.	D. OTOMITS ATTI		T	a J active				
23a. BURIAL, CREMATION 23b. DATE THERE	1 0 W 1 0/1	OR CREMATORY	23d. LOCATION (City, t	own or county)	(Stote)				
Surch 5-21-	-60 Jindley	Chopel.	Potom	Main	mula				
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'	D BY REGISTRAR 25b.	REGISTRAY'S SIGN	TURE				
the and was	n Minn hall	med DATE JU	N 2 '60	Circhan S. 7	Trans.				

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

05335

	o. COUNTY Anne Arun	del		MARYLA		usual residence (v b. STATE Maryland		b. COUNTY	an: Residence		idmission)
	b. CITY OR TOWN (II RURAL and give ne Crownsvil		ts, write	c. LENGTH OF STAY IN 32 years	16	c. CITY OR TOWN (III  Rockvill		orate limits, write R	URAL and g	ive nearest	town)
	OR INSTITUTION	AL (If not in hospitol, o		oddress)	ON A						S RESIDENCE ON A FARM? ES NO
	3. NAME OF DECEASED (Type or print)	Fii Bess		Middle	M	agruder	4. DATE OF DEATH	Man		Doy	Year 19 60
	s. sex Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED  /ED DIVORCED	8. D	TE OF BIRTH			UNDER 24 HRS.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Housework  13. FATHER'S NAME					11. BIRTHPLACE (Stor	Land	ountry)	12. CITIZ	U.S.	·A.
Emery Duffin  1s. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  Unknown  Sarah Jacks  16. SOCIAL SECURITY NO.  17. INFORMANT  Hospital Records								Add	ress		
	Canditians, if a gave rise to it cause (a), stating lying cause lost.	the <u>under-</u>	120	aterioscher de contributing to death	ien	or E China	new Be	send Sym	dione	T 1(o) 19.	WAS AUTOPSY
)	PART II. OTH	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCC	URRED. (E	nter nature of injury i	n Part I ar Par	rt II of item 18.)			PERFORMED?
	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Ye	While	INJURY OCCURRED 20 Int of work	e. PLACE foctory.	OF INJURY (Home, fa street, office bldg., e	etc.)	y or tawn)	(0	County)	(Stote)
	saw the deceas	ed alive an 5/1 Wheave Hildegard	Hear	d Reissman, 1	M.D.	22d. ADDRESS Crownsvi	MED. DIRECTOR	STAFF	nd on the	e date st	22b. DATE 5/15/8
	23g. BURIAL, CREMATIO REMOVAL (Specify 24, FUNERAL DIRECTOR	may 16,	1860	23c. NAME OF CEMETE  DOGUE  ADDRESS  2718-1245	sion	Com.	C'D BY REGIS		or county)  (STRAR'S SIC		(State)

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CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 E CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest lown) ploods d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Annaholis. YES NO NO 3. NAME OF First Middle 4. DATE Lost Month Year DECEASED (Type or print) DEATH 19 E 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Doys Hours WIDOWED DIVORCED | yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if/retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME гетоме 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) ottending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ony Conditions, if ony, which certificate has been signed gove rise to immediate DUE TO couse (o), stoting the underpup burial-transit lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOV 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) crematian, 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (Stote) (County) factory, street, office bldg., etc. o. m. While Not while of work of work p. m. for 21. I certify that I attended the deceased fram, ..., 19\_\_\_, ta\_/\_\_\_\_, 19\_\_\_,that I last saw the deceased detached A. M, fram the causes and on the date stated above. and that death accurred at 1/ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE should PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LQCATION (City, town, or county) page EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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SHATTER STATE		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5365 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission) b. COUNTY
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION  Droad Meck	d. STREET ADDRESS ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) 1/03 LOVE Educated	MILLEY 4. DATE Month Day Year OF DEATH /MAU 22 1960
5. SEX  6. COLOR OR RACE  7 MARRIED NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  P. AGE (In years   FUNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
HORACE MILLER	CAKA L. JANO BLAKO
(15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. (17. no. or ynknown) (17. yes, give wor or dates of service) (18. 13-14-4005)	MARU E. MILLER - Arnold - Md. 184:
18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), storing the underlying cause last.  (c)	Occlusion INTERVAL BETWEEN ONSET AND DEATH
ICATI	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	ED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jn. p. m. 19 While Not while of work	LACE OF INJURY (Hame, form, 20f. (City or Iown) (Caunty) (State) actory, street, affice bldg., etc.)
21. I certify that I attended the deceased from	h accurred at 0 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 6 L CLUB COLUMN STATE  DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CONTRACTOR OF CEMETERY CONT	DR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
CIE, HICKS -THINA DOLIS.	DATE MIN 4 200

A ATENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 d by the hospital or ottending physician.

ECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, be delached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with or to burial, cremation, or removal, and in any event within 72 haurs ofter death. moy begin

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	Line over 1500	NEAR THOUSAND			

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5313 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 Reg. Dist. No. crematian 4 should PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. COUNTY g. STATE b. COUNTY MARYLAND b. CIDY-OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN 4tf outside corporate limits, write RURAL and give nearest town) we negrest fown) 0 d. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENC ON A FARM? 8 YES NO NAME OF DATE Lost Month Day Year DECEASED OF (Type or print) DEATH 1960 Far 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED TO 8 DATE OF BIRTH IF UNDER TYPAR IF UNDER 24 HRS. the lost birthday) 2 with th Months Days Hours Min. WIDOWED [7] DIVORCED yrs. 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B(RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) oug pe 13. FATHER'S NAME 14. MOTHER'S MAIDEN MAME may pages Pages 40 Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address File (II yes, give war or dates of service) Give 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if any, which pencil lang gove rise to immediate cause **DUE TO** (o), stoting the underlying couse lost Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 03 PERFORMED? NOT YES | 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) Child fell from pier into water 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) Medical Page 3 st factory, street, office bldg., etc.) Not while D. m Md . at work of work I Bay Ridge near home p. m. writing 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 2. Inquiry ond find that Chief the Chief deoth resulted from: Natural causes Suicide Undetermined cause Homicide . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER 00 SIGNATURE FUNERAL I ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR VS. A1SME(S) Circling S. Hereis 1 8 '60 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 05340 CERTIFICATE OF DEATH 5366 eral directar, be filed with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY MARYLAND the funeral shauld be fil b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest Jawn) aNOVE d. NAME OF HOSPITAL (If not in haspital, e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO zan 4. DATE OF DEATH NAME OF Middle Manth Year DECEASED 0 fille ages (Type or print) 19 after death IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED campletely birthday) Months Days Hours DIVORCED | WIDOWED D papers. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) DOMEST 13. FATHER'S NAME and pon physician Car with remove 17, INFORMANT IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. attending edse CAUSE OF DEATH [Enter only one cause per line for,(a), (b), and (c).] INTERVAL BETWEEN ascular Disease ONSET AND DEATH 0 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) and DUE TO þ removal, permit. Canditians, if any, which (b) has been signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit ar attending physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, PERFORMED? YES T NO TO 0 20g. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIEY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) After this certificate the 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office blda., etc.) detached for use Hour a. m Whi Nor while at work at work p. m. 21 I certify that (1) (this hospital) attended the deceased from that (1) (we) last 19 Q and that death accurred at M, from the causes and an the date stated above. saw the deceased alive an AL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. pe M.D. DIRECTOR [ 22c. PHYSICIAN'S 22d. ADDRESS page 3 shauld TO FUNE 23c. NAME OF CENETERY OF TREMATORY (City, tawn, ar caunty) he 2Sq. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAY 25 '60 arthur S. Kraus VR A15 (4) 15M 9/59

RYLAND STATE DEPARTMENT OF HEALTH

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

5367 **CERTIFICATE OF DEATH**  05341

					Keg. Dist. 1	10.
1. PLACE OF DEATH  o. COUNTY	MARYLAND	2. USUAL RESIDENCE O. STATE	CE (Where deceased	l lived. If institutio b. COUNTY	ni Residence b	pefore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1. 1-	N (If outside corpor	rote limits, write RU	IRAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRE				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) RICHARD A	Middle FRANK A	lost 10 reid N	4. DATE OF DEATH	Month	h 7	Doy Yeor 196 8
Male White WIDOWER			100	9. AGE (In years lost birthdoy)  (** yrs.	Months Day	AR IF UNDER 24 HRS. ys Hours Min.
	CIND OF BUSINESS OR INDU	JSTRY 1. BIRTHPLACE		untry)	12. CITIZEN	OF WHAT COUNTRY?
William E. Moveland		14. MOTHER'S MAI	. 11	reland		
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. 5   170s, no. or unknown)   (If yes, give war or dates of service)		INFORMANT PLANDO MO	veland	Edgewa	tere, 1	Md.
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost.	Chrienmia	pintal	i -			
PART II. OTHER SIGNIFICANT CONDITIONS CO.  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)					N IN PART 1(o	PERFORMED? YES NO
	RIBE HOW INJURY OCCURRI	ED. (Enter noture of inju	ry in Port I or Port	It of item 18.)		
Hour o. m. While of work	Not while fo	LACE OF INJURY (Home octory, street, office bldg	3., etc.)		{Coun	
21. I certify that I attended the decease alive on May 7, 1966  ACTUAL SIGNATURE Limb H. U			Q M. fram		nd on the o	saw the deceased date stated abave DATE SIGNED 5-16-60
PHYSICIAN'S NAME (Type)			****	*****		
220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY		ION (City, town, or		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	address 4	24a.	REC'D BY REGISTE	RAR 24b. REGIST	TRAR'S SIGNA	TURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 in by the funeral director, and 2 should be filed with D FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely firm page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. stained by the haspital or attending physician. TO FUR VS A15 (4) 15M 9/SS

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5368MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05338

Reg. Dist. Na.

1. PLACE OF DEATH o. COUNTY Anne Art	undel		MARYLAND	2. USUAL RESIDENCE (		b. COUNT		ence bef	ore admi	ssion)
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I		porate limits, write	RURAL and	give n	earest to	wn)
Curtis Bay			8 hours	Baltimo	ore 13			3 V	21.5	+
	The state of the s	- : : : : : : : : : : : : : : : : : : :	ital, give street address)	d. STREET ADDRESS					e. IS RE	A FARMZ
In the Infi	irmary of (	Coast	Guard Yard	3/415 Par	rklawn	Avenue			YES _	] NO [4]
3. NAME OF DECEASED (Type or print)	Arthur Mc	No. of the last	Middle	Last	4. DATE OF DEATH	MAY Month		Doy 1960		ear 9
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED [ 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	-			ER 24 HRS.
M	W	WIDOWED	DIVORCED	9/26/1900		lost birthday) 59 yrs.	Months	Days	Hours	Min.
during most of working	N (Give kind of work g life, even if retired) et Metal W	2	ND OF BUSINESS OR INDUST	Baltimore		country)	US US		F WHAT	COUNTRY?
13. FATHER'S NAME	LUI ATILI S	4-11-1-1		14. MOTHER'S MAIDEN	NAME				- 63	
John McN	allv			Catherine	e Feeh	ly				
15. WAS DECEASED EVE	R IN U. S. ARMED FO		OCIAL SECURITY NO. 17. IN	FORMANT		Address				
	(If yes, give wer or deles of ne Corps 9		Mr	s. Mary Mc	Nally	(wife)			140	77.4
18. CAUSE OF DEAT	H [Enter only one country one	Con	or (o), (b), and (c).] onary Occlusio	on				ONSE	TAND DEA	ATH
Canditions, if an gove rise to immed (a), stating the ucause last.  PART II. OTH	nderlying DUE TO		NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	NINALDISEAS	E CONDITION GIV	/EN IN PAR		9. WAS A	AUTOPSY PRMED?
PART II. OTH  200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.	SE WAS ITRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture af injury in Po	rt I ar Port II	of item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. IN While at work	Not while focto	E OF INJURY (Home, for ory, street, affice bldg., etc	m, 20f. (Cit	y or town)	(Co	unly)		(Stote)
21. I certify th	at I took chorge	of the re	emoins described obo	ve, held an Autop	sy 🔲, I	nspection 🔀	Inqui	у 🗓	, and	find that
death resulted	, ,	4	. Accident . Suid	ide, Homicide M.D. CHIEF MEDICAL E	EXAMINER	1	cause [	].	DATE S	SIGNED
EXAMINER'S NAME (Type)	Gustave		ubert M.D.	DEPUTY MEDICAL	EXAMINER	5/4/	,		75	
220. BURIAL, CREMATION REMOVAL (Specify) Burial	5/9/60	OF 2	Baltimore Nat		-	Saltimore			(Stote	e)
23. FUNERAL DIRECTOR Ullrich Fu	S SIGNATURE	4210	ADDRESS Belair Road	240. REC	D BY REGIS	TRAR 24b. REGI	STRAR'S SIC			

TO STY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death.

c. e certificate, writing the ward "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be for warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registror prior to burial cremation,

VS. A15ME(5) 5M 9/55

or removal.

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TY MEDICA	led to the Chief	RAL DIRECTOR	val.
UTY MEDICA	rded to the Chief	ERAL DIRECTOR	noval.
PUTY MEDICA	orded to the Chief	NERAL DIRECTOR	emoval.
DERUTY MEDICA	worded to the Chief	UNERAL DIRECTOR	removal.
DERUTY MEDICA	orwarded to the Chief	FUNERAL DIRECTOR	r removal.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please executed the contract contract and contract contract contracts and contracts are contracted and contracts and con	forwarded to the Chief Medical Examiner's Office olong with form PM3. Page 5 may be retained for you lies.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, cremation,	or removal.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05342
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY AT	ne Arundel		MARYLAN	O STATE	SIDENCE (V		b. COUNT	Y Anne	efore admission) Arundel
b. CITY OR TOWN III ond give neores! tevrn Annapoli		e RURAL	c. LENGTH OF STAY IN 11	~	Riva	outside corpor	rote limits, write	RURAL and give	nearest tawn)
		If not in hospi	ital, give street address)	d. STREET					e. IS RESIDENCE
Anne	Arundel Ge	neral	Hospital	S.	outh I	River H	eights		YES NO
3. NAME OF DECEASED (Type or print)	fir Carl	ut	Middle .T	Ost.	lund	4. DATE OF DEATH	Month May	Dog 23	Year 19 60
5. SEX		7. MARRIED	NEVER MARRIED	B. DATE OF BIRT		9.	AGE  In years	IF UNDER TYEAR	
Male	White	WIDOWED	DIVORCED	June 29	1899	9	60 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION during most of working	ON (Give kind of working life, even if retired)	done 10b. Ktl	none	STRY 11. BIRTHPI	ACE (Stote	or foreign cou	ntry)	12. CITIZEN O	OF WHAT COUNTRY?
13. FATHER'S NAME			*10110	14. MOTHER'S	MAIDEN N	NAME		1 05	es
Carl J	Ostlund					Anderso	n		
15. WAS DECEASED EV				INFORMANT			Address		
no	no TH [Enter only one can	no		iss Elin	e Ost	lund-Si	ster- sa	ame as #	2
Conditions, if a gove rise to immed (a), stoting the couse last.  PART II. OTH	underlying DUE TO		LEVESSE STRIBUTING TO DEATH BU	Lesas	THE TERMI	INAL DISEASE C	CONDITION GIV		PERFORMED?
PART II, OTH	USE WAS TRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRED.	(Enter nature of in	njury In Port	t I or Port II of	item 18.)		YES NO 🔀
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	20d. IN While of work	Not while fo	LACE OF INJURY ( octory, street, office	Home, form bidg., etc.	20f. (City or	r town)	(County)	(Stote)
	from: Natural	/	mains described at , Accident [], S	oove, held an uicide [], H			pection 🔀, letermined c		, and find that
ACTUAL	full	red		M.U.		CAMINER   AL EXAMINER [	٦		DATE SIGNED
EXAMINER'S NAME (Type)	E. L.	Nho	ext.	DEPUTY	MEDICAL I	EXAMINER		5/	18/10
220. BURIAL CREMATION REMOVAL (Specify)	May 25, 1		Cedar Hill C			Wash:	ington,	D. C.	(State)
23. EUNDRAL DIRECTOR	011	2/	ADDRESS			D BY REGISTRA		TRAR'S SIGNATU	
HOPFING E	UMERAL MO	H A	MNAPOLIS, MD	•	DATE MA	AY 27'60		ing S. Kra	u.A.

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEDTIEICATE OF DEATH

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b. CITY OR TOWN (If autside carporate limits, write   C. LENGTH OF STAY IN 1b   M. Linthicum   Syrs.   M. Linthicum   M. STREET ADDRESS   M. STREE	e. IS RESIDENCE ON A FARM? YES NOT Day Yeor 19 60 YEAR IF UNDER 24 HR:
RURAL and give georest town)  N. Linthicum  d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  30 Old Annapolis Blvd.  3. NAME OF DECKASED (Type or print)  JAMES  S. SEX  6. COLOR OR RACE  White  WIDOWED  DIVORCED  DO. LIST BIRTHPLACE (Slote or foreign country)  Vaning most of working life, even if refired)  Can struction  13. FATHER'S NAME  Michael Owans  15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If ye, og're wor' or dotes of service)  Mr. James Owens Jr. Same  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF.  DUE TO  Canditions, if ony, which gave rise to immediate output of the country lying cause last.  (c)  Carditions, if ony, which gave rise to immediate output of the country lying cause last.  (c)  Carditions, if ony, which gave rise to immediate output of the country lying cause last.  (c)  Carditions  A. STREET ADDRESS  30. Old Annapolis Blvd.  A. DATE  DATE  DATE  Months  DEATH  May 12,  PART I. DEATH WAY CAUSED  DUE TO  Canditions, if ony, which gave rise to immediate output of the country lying cause last.  (c)  Carditions  A. DATE  A.	e. IS RESIDENCE ON A FARM? YES NO PORT Day Yeor 19 60 YEAR IF UNDER 24 HR
d. NAME OF HOSPITAL (If not in hospitol, give street oddress)  30 Old Annapolis Blvd.  3. NAME OF DECEASED (Type or print)  5. SEX  6. COLOR OR RACE  White  WIDOWED DIVORCED  100. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Construction  13. FATHER'S NAME  Michael Owans  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT  Wish, no. or unknown (If yes, give wor or dotes of service)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO  Canditians, if ony, which gave rise to immediate but ender.  [b]  Construction  17. INFORMANT  Mr. James Owens Jr. Same  Cardical Tailure  Conditions, if ony, which gave rise to immediate but ender.  [b]  Cardical Tailure  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  [b]  Construction  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  Cardical Tailure  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  [b]  Construction  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  [b]  Construction  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  [b]  Construction  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  [b]  Construction  Construct	Pes No Peor 19 60 YEAR IF UNDER 24 HR
3. NAME OF DECASED (Type or print)  (Type or print)  5. SEX  6. COLOR OR RACE White Widowed Divorced D	Day Yeor 19 60 YEAR IF UNDER 24 HR
DECEASED (Type ar print)  JAMES OWENS  5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years lost birthday)   90 yrs.   Manths   100   1	19 60 YEAR IF UNDER 24 HR
5. SEX    According to the property of the pro	
10a. USUAL OCCUPATION (Give kind of wark done during most of warking (life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  11c. CITIZ (LITIZ CAPPENTER Ret.)  11c. PATHER'S NAME  11d. MOTHER'S MAIDEN NAME  12d. MOTHER'S MAIDEN NAME  12d. MOTHER'S MAIDEN NAME  13d. MOTHER'S MAIDEN NAME  14d. MOTHER'S MAIDEN NAME  15d. MOTHER'S MAIDEN NAME  16d. SOCIAL SECURITY NO. 17d. INFORMANT  17d. INFORMAN	Days Haurs Min.
13. FATHER'S NAME  Michael Owans  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or doles of service) (If yes, give wor or doles of service)  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditians, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  (b)  OUE TO  Catter Cardiac Failure  Chronic Myocardus Distributed (b)  OUE TO  Catter Cardiac Failure  Chronic Myocardus Distributed (c)  OUE TO  Catter Cardiac Failure  Chronic Myocardus Conditions  Output  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause last.  (c)	EN OF WHAT COUNTRY
Michael Owans  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT  Address  Mr. James Owens Jr. Same  18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditians, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  (b)  OUE TO  Catterwooderopic.	I. S.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service) (If yes, give wor or dotes of	
IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  Mr. James Owens Jr. Same  Carcliac Failure  Chronic Myocardish Dish  Outer To  Chronic Myocardish Dish  Outer To  Carter Carcliac Failure  Chronic Myocardish Dish  Outer To  Chronic Myocardish  Outer To  Chroni	
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Canditians, if ony, which gave rise to immediate cause (a), stating the under:  lying cause last.  Canditians, if ony, which gave rise to immediate cause (a), stating the under:  lying cause last.  Canditians, if ony, which gave rise to immediate cause (a), stating the under:  (b)  Chronic Myocordus District  Chronic Myocordus Distri	
gave rise to immediate cause (a), stating the under-lying cause last.  (c)  DUE TO  Outerus derosis.	INTERVAL BETWEEN ONSET AND DEATH
	-
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO.
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at work footary, street, office bldg., etc.) (Caty ar tawn) (Caty ar tawn)	(State
saw the deceosed alive an May 12 1960, and that death accurred at 3:30 M, from the couses and on the	
M.D. TITIS.	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type) Louis J. Glass 22d. ADDRESS 320 Patapsco Ave. Balto. 25	, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF ARMOVAL (Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or caunty) St. Gertrude's Cemetery Woodbridge. New Jer	
24. PUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  ADDRESS  ADDRESS	(State)

boot at all the second sections and a MALE OF THE PROPERTY OF THE PARTY OF THE PAR The first tenth of the first of the first The state of the s In the sent read Mileson - Victorial Statement of the United Statement of the Contract of the THE A COMPLETE CONTRACTOR OF THE PROPERTY OF T

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5315 CERTIFICATE OF DEATH

05344

	0010	Reg. Dist.	No.
	COUNTY a. County MARYLAND 2	2. USUAL RESIDENCE (Where declared lived. If institution: Restrience of STATE (COUNTY). COUNTY	a
4	(CITY OR TOWN (If autside carporate-limits, write   c. LENGTH OF STAY IN 1b   (URAL and give negrest lown)	c. PTY/OR TOWN (If/outside corporate limits, write BURAL and give	nearest town)
1	ON INSTITUTION (If not in hospital, give alreet address), or INSTITUTION Street	100 W. Washington	IS RESIDENCE     ON A FARM?     YES    NO TO
D	NAME OF DECEASED Type or print)  First Cattle Middle DeceaseD	arker 4. DATE Month OF DEATH	Doy Year 17 196
5. SI	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   8.	DATE OF BIRTH  14-24-/885  9. AGE (In years IF UNDER 1 Y loss brithday)  Wanths Do	EAR IF UNDER 24 H
100.	USUAL OCCUPATION (Give kind of work done dyring most of working his even if relized)  TOUGH NEEDS OR INDUSTR	TI. BETHELACE (State or foreign country)  12. CIFIZE	N OF WHAT COUN
13. F	John Mc Bowars St.	14. MOTHER'S MAIDEN MARKET MALLY John	usor
	WAS DECEASED EVER IN/U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INF	ames Parker 100 W. Wa	sh. St
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Congestive Heart  DUE TO  Conditions, if only, which ) Hypertensive Car	t Failure	INTERVAL BETWEEN ONSET AND DEATH 1/60-5/1
	gave rise to immediate couse (a), stating the under lying cause last.  (b)  DUE TO  (c)	rdio Vascular Disease	
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NO	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(	PERFORMED? YES NO
CERTIF	20g. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature of injury in Port I or Port II of item 18.)	
MEDICAL		CE OF INJURY (Hame, form, 20f. (City or town) (Cau ary, street, office bldg., etc.)	nty) (Sta
	ACTUAL Do Theodor H. Janson J. M.	accurred at 6:15.P.M., from the causes and an the ADDRESS (Street, city or town, state)	
720.	PHYSICIAN'S NAME (Type) Dr. Theodore H. Johnson, Jr.  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ORX REMOVAL (Specify).	Annapolis, Maryland  EREMATORY 22d. LOCATION (Giv. 1969, or county)	W(State)
23)	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN. DAMAY 2.6 '60 Calling & K.	

TO HOSPIJAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed when many the facine by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and company. there are no local design to the comment of the contract of th

22c. NAME OF CEMETERY OR CREMATORY

and that death accurred at 2: A-M, from the causes and an the date stated above.

24g, REC'D BY REGISTRAR

MAY 27 '60

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

Christing S. Kraus

DATE SIGNED

5-25.60

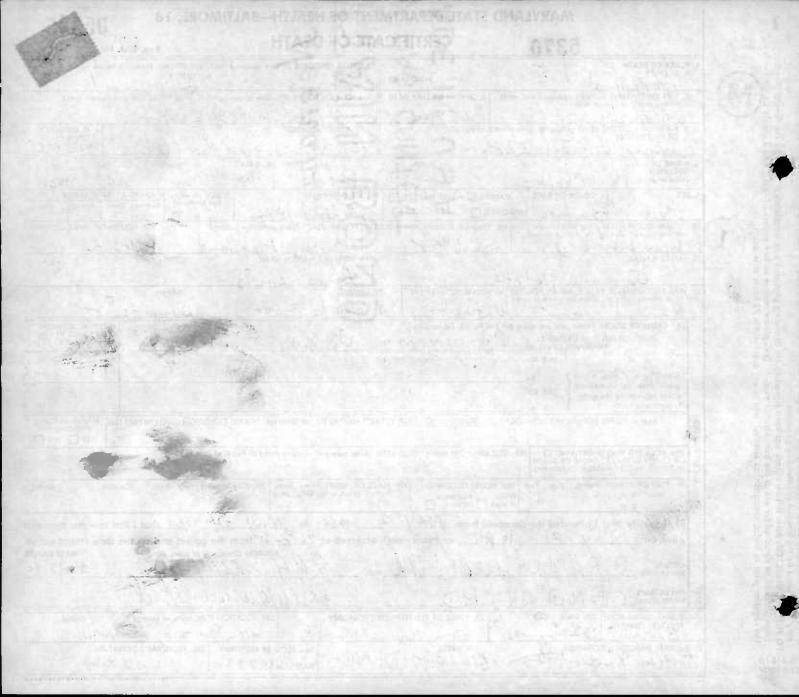
(State)

page

VS A15 (4) 15M 10/57 ACTUAL SIGNATURE

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION,

DATE THEREOF



VR A1S (4) ISM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1.	o. COUNTY Anne Ar	undel			MARYLAND		USUAL RESIDER o. STATE Marylan		iere decease	b. COUNTY			re admiss	ion)
	b. CITY OR TOWN (I RURAL and give no	f autside corporate limit earest tawn)	s, write		OF STAY IN 16	1			outside carpo	rate limits, write R			arest town	n)
	OR INSTITUTION	AL (If not in hospitol, gi		oddress)	uay a		d. STREET ADD	PRESS						IDENCE FARM?
3.	NAME OF DECEASED	Firs		TVal	Middle	-11	Last		4. DATE OF	Mar		Da	у	Yeor
	(Type or print)		lter				Polk		DEATH	ŗ		1		19 60
	Male		7. MARR		R MARRIED T	_	une 14.	189	6	9. AGE (In years last birthday) 63 yrs.	Months	Doys	Hours Hours	Min.
	a. USUAL OCCUPATIO	ON (Give kind of work d		_							12 CIT	IZEN OF	WHATC	OUNTRY?
L	Oyster Shu FATHER'S NAME	ing life, even if refired)					Penns	ylva	nia		12.01		S.A.	OUNTRY
	Unknow	m.				14	Unkno		NAME					
15	. WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.	SOCIAL SECU	RITY NO. 17.	INFOR	MANT			Add	ress			777
1	Yes	If yes, give wor or dates of se 1942		04-01-	0844	Ho	spital	Reco	rds					
CERTIFICATION	Conditions, if of gave rise to it cause (o), stating lying couse last.	the <u>under</u> DUE TO  (c)  ER SIGNIFICANT COND	Arte	eriosc	G TO DEATH BU	Нут	pertensi	HE TERMI	NAL DISEAS				9. WAS PERFO	RMED?
		MEDICAL EXAMINER)	20b. DESC	CRIBE HOW I	NJURY OCCUR	RED. (E	nter nature of i	njury in F	Part I or Por	t II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour a_ra p. m.	Y Month, Doy, Yea	r 20d. IN While at work	NJURY OCCU Hot with at wark	He		OF INJURY (Ho street, office b			or town)	_ (	County)	-	(State)
	saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S	t (I) (this haspital) ed alive an 5,  walt Caro degard Hear	/17	· 1960	, and that	deat	ATTENDING PHYS.	ME DI	ED. RECTOR	5/17 the causes an STAFF PHYS.  te Hospi		e date	stated 5/17	DATE SED
1		N, 23b. DATE THEREON			versite		11 1	50. REC'L	23d. LOCA BY REGIST		or county) STRAR'S SI		(Stat	e)

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5316 CERTIFICATE OF DEATH

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	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY  Anne Arundel MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Anne Arundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Annapolis
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION Anne Arundel General Hospital	d STREET ADDRESS  19 Jefferson Place  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
3. NAME OF DECEASED (Type or print) JAMES First EDGAR Middle	PORTER 4. DATE Month Doy Yeor OF DEATH May 4 1960
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  January 301913  9. AGE (In years lost birthdoy) 47  yrs.    FUNDER 1 YEAR   FUNDER 24 HRS.
10o. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)  AIR CONDITION	STRY 11. BIRTHPLACE (Stote or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY  U.S.
JAMES C PORTER	STELLA MYERS
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NNA M. PORTER (2)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate couse (o), stoting the <u>under-lying couse last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)  ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
	ctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram 2/3 alive on 1960, and that death	n accurred at 2.30 M, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 121 Cathedral St., 5/4/60
PHYSICIAN'S NAME [Type] Richard N. PEELER	Annapolis, Maryland
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF SEMOVAL (Specify) May 6-1960 Helerest	mamoral amapolis Md
23. FUNERAL DIRECTOR'S SIGNATURE Coms ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

AL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 h by the funeral director, and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. RAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filt ained by the haspital or attending physician. TO HOSPIT TO FUND VS A15 (4) 15M 9/55

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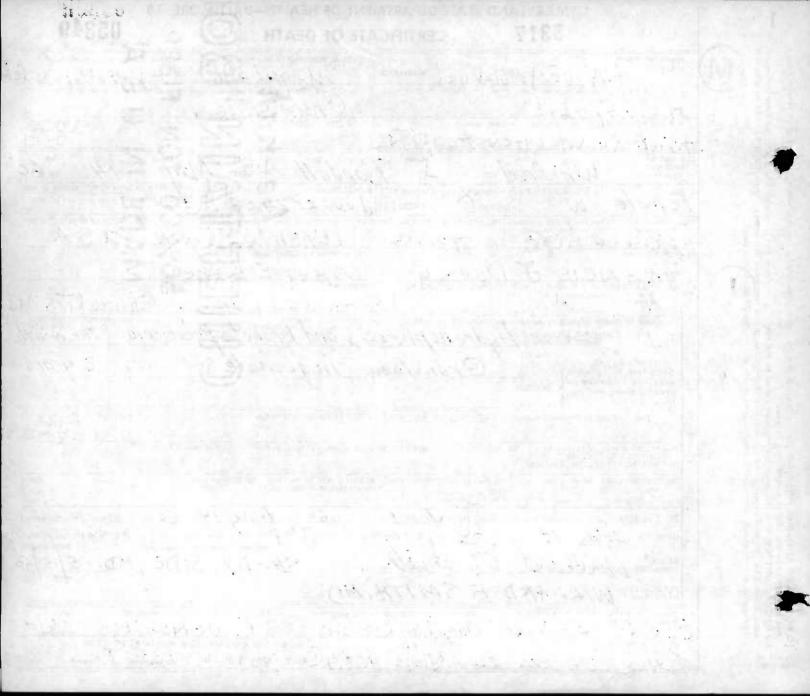
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1805348 372 CERTIFICATE OF DEATH BOX Dist No.

		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Anne Arundel County	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary Dand b. COUNTY Anne Arunde 1
b. CITY OR TOWN (If aulside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	Q. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Glen Burnie	4 Years	1009 Phillip Drive, Glen Burnie, Md
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION Phillip Drive	oddress)	d. STREET ADDRESS 1009 Phillip Drive  e. IS RESIDENCE ON A FARM YES NO
3. NAME OF First DECEASED (Type or print) Edward	Joseph	Ptacek, Jr. Death May 25 196
S. SEX Male  6. COLOR OR RACE White Widowe	ED DIVORCED	Jan. 6, 1916  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 H   Gast birthday)   Months Days Haurs Mir
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)  Sheet Metal Worker We	kind of Business or INDU stinghouse	USTRY 11. BIRTHPLACE (State or foreign country)  Baltimore, Maryland United Stat
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Frank Ptacek		Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	6 213-01-51	Address Same as abo  39 Mrs. Grace Ptacek (wife)  INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  (b)  CA  (c)	RCINOMA, ST	TOMACH 2 DAYS  3MOS,
CATIC		JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO
	CRISE HOW INJURY OCCURRI	RED. (Enter nature af injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. 19 while at wark	Nat while fo	PLACE OF INJURY (Hame, form, 20f. (City or tawn) (Caunty) (Statestry, street, affice bldg., etc.)
21. I certify that I attended the decease alive an MAY 24, 19 6  ACTUAL SIGNATURE SIGNATURE  PHYSICIAN'S LEON C. Perry  220. BURIAL, CREMATION, 22b. DATE THEREOF  REMOVAL (Specify)  May 28, 196	M.D.	
Burial May 28, 196	0 Glen Ha	aven Glen Burnie, Maryland

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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

)	1. PLACE OF DEATH o. COUNTY	Anne Aru	ındel	MAR	YLAND	2. USUAL RESIDENCE (Mary		lived, If institution b. COUNTY	Anne A	before odmi	ssian)
/	b. CITY OR TOWN RURAL and give r Annar		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpo				
1		TAU Enot in hospitol, g				d. STREET ADDRESS	ust Ave			ON	SIDENCE A FARM?
	3. NAME OF DECEASED (Type or print)	John	st.	Middle		RAWLINGS	4. DATE OF DEATH	Mont Ma		Doy 20	Yeor 19 60
	5. SEX Male	6. COLOR OR RACE White	7. MARRIE			B. DATE OF BIRTH March 27, 18	891	9. AGE (In years last birthdoy) 69 yrs.	IF UNDER 1 Y Manths Da		-
	Ret Um	rking life, even if retired	dane 10b. K	Scheme	OR INDUS	Maryl	and	ountry)	12. CITIZE		T COUNTRY?
\	13. FATHER'S NAME	el F. C	Ras	wling	2	14. MOTHER'S MAIDEN	2 2	y. Pu	rdy		
	(Yes, no. or unbnown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of y		OCIAL SECURITY NO	. 17.	ignes &	, Pa	wling	6	(2)	
		the <u>under-</u>	G	e for (d), (o), and (c)	ya	cardial	infa	uhen		INTERVAL E	D DEATH
	_	, 10		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIVE	EN IN PART 1(	PERF	AUTOPSY ORMED?
		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCI	RIBE HOW INJURY C	CCURRE	D. (Enter nature of injury in	Part I ar Part	II of item 1B.)			
	20c. TIME OF INJU Havr o. m. p. m.	RY Month, Day, Yes	While	JURY OCCURRED Nat white at wark	20e. PL/ fac	ACE OF INJURY (Hame, for tary, street, affice bldg., et	m, 20f. (City	or town)	(Cau	nty)	(Stote)
	actual signature Physician's	hat I attended the 20,	kley		2, death	, 1960 , to M occurred al0:45 M.D. 121 Bati Annapol	A • M, from ADDRESS (SI hedral	n the causes a reet, city or town, s	nd an the	date sta	e deceased ted abave. DATE SIGNED 0/60
	22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	Fol GI	22c. NAME OF CEM	NETERY O			ION (City, tawn, o	r county)	(SI)	ma
	23. FUNERAL DIRECTOR		r Seri	ADDRESS	po	lis The 240. REC	D BY REGIST		TRAR'S SIGNA		

and 2 should be filed with TO HOSP CAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 may blained by the hospital or attending physician.

TO FUNGEAL DIRECTOR: After this certificate has been signed by the attending physician and completely first page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

5373

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1. PLACE OF DEATH a. COUNTY	undel Coun	tv	MARYLAND	a. STATE		here decease	b. COUNTY		ce befare	admissia	n)
	f autside carporate lim		c. LENGTH OF STAY IN 16	-		autside carpo	orate limits, write R		give neare	st town)	
	Baltimore		4 vrs	XB	altimon	na (Br	ooklyn P	ark)			
	AL (If nat in haspital,				T ADDRESS	Te v	0 0 1120			IS RESID	ENCE
OR INSTITUTION		9	,		MA N					ON A F.	ARM?
101 S	eventh A	re.		1	Ol Seve	enth A	ve.	200		res 🔲 1	NO [[]
3. NAME OF DECEASED (Type or print)	Frie Frie	-	Middle Rehan		Last	4. DATE OF DEATH	Man Man	7 27,	Day 1960	Ye-	
5. SEX	6 COLOR OR RACE	7. MAD	RRIED NEVER MARRIED	B. DATE OF B	IPTH		9. AGE (In years		1 YEAR IF		
F	W	WIDOW	-	Jan. 5	, 7999	1898	last birthday) 62 yrs.	Manths		Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind af wark	dane 10b	. KIND OF BUSINESS OR INDU	JSTRY 11. BIRT	HPLACE (State	ar foreign c	auntry)	12, CIT	ZENOFW	/HAT CO	UNTRY?
Housewi	ing life, even if retired Le	1)		Ma	ryland			U	.s.		
13. FATHER'S NAME				14. MOTHE	R'S MAIDEN N	NAME					
Emi 1	Kunze			THE	lizabet	th Kra	£+				
		CES? 114	SOCIAL SECURITY NO. 17.	NFORMANT	777000	ANT TITE	Add	ress			
(Yes, no, or unknown)	If yes, give war or dates of				19 1	T					
No			Mr	. Edwar	a Kena	n Jr.	Same	SILL			
1B. CAUSE OF DEA	TH [Enter anly ane co	ouse pen l	line far (g), (b), and (c).]	0	0 0	1	1			AL BETY	
PART I. DEA	TH WAS CAUSED BY:	11	///	1/11/	X.1	MACH	Gan		ONSE	AND D	EATH
18 -	IMMEDIATE CAUSE (	N/C	mes mys ca	rand	100	gui CV	CON		50	vecs	10
(4-)	DUE TO		1- 100	1	11	//	1 11			,	
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gave rise to i		100	and the state of the	( 0000	WW O	000	,,,,,,,		-	1	
cause (a), stating		)							0		
lying cause last.		c)									
Z PART II. OTH			CONTRIBUTING TO DEATH BU	T NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS AL	TOPSY
PART II. OTH	d/1 -1	2/1	2.01/		*****					PERFOR	MEDS.
2	14 y De	we	more						1	ES 🔲	NO E
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING	20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter natu	re of injury in	Part I ar Par	t II af item 1B.)				
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)										
3 20c. TIME OF INJUR	Y Manth, Day, Ye	ar 20d	INJURY OCCURRED   20e. P	LACE OF INJUR	RY (Home, form	n, 20f. (City	ar tawn)	-	Caunty)		(State)
20c. TIME OF INJUR Hour a. m.		While	e Nat while fo	actory, street, a	ffice bldg., etc	:.)		,			(3.3.0)
₽. m.	19	at wa	ark at wark			1	/		,		
21.1 certify the	t (I) (this hospita	I) otten	ded the deceosed from.	2/6	19	16 10	5/27	. 19	ال المر	113 W	e) lost
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sow the deceas	ed dive on		619_60, and that	deoth occur	red at	ZM, fram	the causes on	a on the	e dote s		
22a. SIGNATURE	140	11/1		ATTENT	MNIC		CTAFF	3776			DATE
/ Seria	in / de	con		M.D. PHYS.	M M	IRECTOR	STAFF PHYS.	M	ay 27	, 19	SIGNED 60
22c PHYSICIAN'S	- /			22d. AD							
NAME (Type)	Benjamin	D 3	O 10 to			711	1. 9 - 99	D		_	
	Benjamin	Berd	alli	201	UM GOV.	. Kitc	hie Hgwy	- per	10. 2	D, A	. A
23a. BURIAL, CREMATIO		OF	23c. NAME OF CEMETERY	OR CREMATOR	1	23d. LOCA	TION (City, tawn,	ar caunty)		(State)	
REMOVAL (Specify)		950	Panlayand Com	alterra		m	Λ	20.21			
24. FUNERAL DIRECTOR		.960	ADDRESS	etery	25- 0-00	D BY REGIS	or Ave	STRAR'S SI	imore		
George J.		n Pi	tchie Hewy. (2	5)	DATEUN						
dente o.	TOTICE, TO	/± 114	DOLLTE TENA. /C	0/	DAIBUI	1 1 00	- Cirl	hun S.	/issue4		
Ploye	f. Monee										

BETTO THE STATE OF (Fig. No. 1992 St. Steel) / In the state of A MALEN LIMITED in Village Death of the Committee of A La Dit to the late of the life and sold to the life and the late of the late energial at the south of the same of the s A SECRETARY OF THE EMPLOYED PROPERTY OF THE PR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 Item 9, telephone call Wilson Funeral Home 7/ Reg. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND eral b. CITY OR TOWN (II outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (Il autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluous adsco d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION 2 YES NO 7 NAME OF . Middle DATE Month Day Year DECEASED (Type or print) 61N10 DEATH 钿 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last\_birthday) Months Days Hours DIVORCED | O L AN WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working lile, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or lareign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physici mave hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate **DUE TO** coese (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II al item 18.) CERTI (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) o. m. While Not while of work of work 21. I certify that I attended the deceased fram! 1921, that I last saw the deceased alive an and that death accurred at Le A. M. fram the causes and an the date stated above. ADDRESS (Street, city or town, State) DATE SIGNED ACTUAL SIGNATUR P PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 60 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 200 15M 9/55

		TATE DIPARTME		
2022		CERTIFICA	5376	"e
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	AT THE REAL PROPERTY.			No.
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		A 2 A A A		
	CONTRACTOR STATE OF A DRIVE			

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5375

1. PLACE OF DEATH o. COUNTY Anne Arundel		MARYLAND	2. USUAL RESIDENCE (Where o. STATE  Maryland	b. COUNTY	timore City
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town)  Crownsville	7mo.	of STAY IN 16 years 15 days	Baltimore	de corporote limits, write l	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital OR INSTITUTION	, give street address)		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Crownsville State	Hospital		316 North Par	rish Street	YES NO 🔀
DECEASED	First Pretta	Middle Boston	71 2.1	DATE Ma OF DEATH	Day Year 5 31 19 60
	E 7. MARRIED NEVE	R MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Negro			August 11, 1881	last birthday) 78 yrs.	Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of wor	k done 10b. KIND OF BUS	SINESS OR INDUS	STRY 11. BIRTHPLACE (State or fo	areign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retine Housekeeper	ed)		Maryland		U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM	E	
Thomas Boston			Mary Brades	rs	
15. WAS DECEASED EVER IN U. S. ARMED FO		JRITY NO. 17. IN	IFORMANT	Add	dress
(Yes, no, ar unknown) Unknown	of service) Unknown	H	lospital Records	3	
1B. CAUSE OF DEATH [Enter only one				· · · · · · · · · · · · · · · · · · ·	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY	: Dmanaham		Hypostatic		ONSET AND DEATH
IMMEDIATE CAUSE	(o) Dronenopi	Temionia	Hypostatic		
DUE					
Conditions, if ony, which ) gove rise to immediate	(b) Inanition	n.	AL RISHES AND		
cause (a), stating the under-		and the Co			
lying couse lost.			ast with Metasta		
PART II. OTHER SIGNIFICANT CO	onditions <u>contributin</u>	IG TO DEATH BUT	NOT RELATED TO THE TERMINAL	, disease condition gi	VEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO MARKET NO MARKE
	H	NJURY OCCURRE	D. (Enter noture of injury in Port	I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Hour a. m.	Year 20d. INJURY OCCU While Nat wh	ile fac	ACE OF INJURY (Home, form, 2 ctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (State)
21. I certify that (I) (this hospit	tal) attended the de	ceased fram	2/1 1949 leath accurred at 45 M.	fram the causes a	, 1960, that (I) (we) last nd an the date stated abave.
220 SIGNATURE	erd Rein	m	ATTENDING MED.	TOR PHYS.	5/31/60 <sup>SIGNED</sup>
NAME (Type)	eard Reissmar	n, M. D.		State Hosp	ital, Maryland
23g. BURIAL, CREMATION, 23b. DATE THER REMOVAL (Specify)		OF CEMETERY O	P CREMATORY 230	1. LOGATION (City Man,	br county) (State)
24. FUNEDAY DIRECTOR'S SIGNATURE	Ruses	21/18	25g REC'D BY	Y REGISTRAR 2Sb. REG	ISTRAR'S SIGNATURE

18 - Learning Wester and bicycols master in street. 1981 . 11 / 1981 . 1984 . W. 1981 . 1881 the trade of the Tenent to be miletely here yet a later product at the control of the second of the second of the second

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5319 CERTIFICATE OF DEATH

05353

00:3	Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
ANNE ARUNDEL MARYLAND	MARYLAND "COUNT NIE ARUNDE!
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
ANNAPOLIS 79 yrs	10 ANNAPOLIS
d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
113 Chesaheake Hue.	THE NO
NAME OF DECEASED (Type or print) JOHN THOMAS RU	LSELL 4. DATE Month Day Year OF DEATH MAX 22 19 60
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In yedrs   IF UNDER 1 YEAR IF UNDER 24 HRS.   Institution   Institution
MALE WHITE WIDOWED   DIVORCED	NOV. 21, 1880   Tours   Months Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTR
PHVS IC. I A N	MARVLAND Wid, A,
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN HICKS RUSSELL	EMILY WHITE
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
NO	BRCARL P. KUSSELL ANNAPOLISH
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CEREARAL	HEMARRHAGE ONSET AND DEATH
3 3 1 V DUE TO	2
Conditions, if any, which ) ARTERIXS	CLEROSUS, GENERALIZE 314.
gove rise to immediate	CRETIONS, CONTRIBED SIN
couse (o), stoling the under-	
	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CON	PERFORMED?, YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH	RED. (Enter noture of injury in Port I or Port II of item 18.)
	PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) octory, street, office bldg., etc.)
Hour a.m.  P. m.  19 While Not while of work of work	buoty, street, office blug., etc.)
21. I certify that I attended the deceased from Jan 1/0	2, 1958 to 5 - 2 2 - 19 (a Chat I last saw the decease
27. Testiny may remove the deceased maintain	th accurred at 12 NM, from the causes and an the date stated above
dive on the state of the state	ADDRESS (Street, city or town, stote)  DATE SIGN
SIGNATURE CONS. A Martin	5-13
SIGNATURE	-M.D
PHYSICIAN'S DAMES RIMARTIN	ANNAPOLISIMD,
	OR CREMATORY 22d. LQCATION (City, town, or county) (Stote)
ROMOVAL (Specify) 5-15-10/0 Comp Pl	WEE CEM. HUNAPOLIS MD
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
YOUN M TAYLOR SON AUNAPOLIS	MAN DATHAY 2 4 '60 CANAM & Thems
HOLLD IVI I BETLESK TOLL ITUNIFFOLK	( ) DATINAL

may the italian by the haspital or attending physician.

O FUNATAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSSITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUN VS A1S (4) 1SM 9/5S

MARYLAND STATE DEPARTMENT OF HEALTH-EALTIMORE, 18 attenues and an out of 2000 to the first the A. T. Ta limited that have been a first than THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY WAS A SECOND

VS A15 (4) 15M 9/SS

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5320 CERTIFICATE OF DEATH

# **CERTIFICATE OF DEATH**

				Reg. Dist. I	10.
1. PLACE OF DEATH o. COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (Whe	1 00	MINIEW .	rundel
b. CITY OR TOWN (If outside corporate limits, write RURAL and give regrest town) Anna polis	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF or		write RURAL and give	nearest town)
d. NAME OF HOSPITAL (If not in hospito), give street od OR INSTITUTION Anne Arundel General Hospita	dress) B.L.	d. STREET ADDRESS 216 Lockwood	od Court		•. IS RESIDENCE ON A FARM? YES NOTEC
3. NAME OF First DECEASED (Type or print) Addie	Middle	SAVAGE	4. DATE OF DEATH	Month May 2	Doy Year 23 19 60
5. SEX   6. COLOR OR RACE   7. MARRIER   White   WIDOWED		8. DATE OF BIRTH  June 14, 1882	9. AGE (In lost birth		EAR IF UNDER 24 HRS. ys Hours Min.
10c. USUAL OCCUPATION (Give kind of work done duping most of working life, even if retired)	HOME	11. BIRTHPLACE (Stote of Maryla			OF WHAT COUNTRY
13. FATHER'S NAME  VOHN D GADD		14. MOTHER'S MAIDEN N.	IDA P	ARKER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SC (Yes, no. or unknown)   (Il yes, give wor or dotes of service)	OCIAL SECURITY NO. 17. II	NFORMANT '		Address	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  (c)	proleval	Furom	rosis	0	NTERVAL SETWEEN DISET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	)N GIVEN IN PART 1(o	PERFORMED? YES NO
	BE HOW INJURY OCCURRED	D. (Enter noture of injury in P	ort I or Port II of item	18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJU While of work [	_ Not while fac	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Coun	nty) (Stote)
21. I certify that I attended the deceased alive on May 22, 1960  ACTUAL SIGNATURE PHYSICIAN'S Edward S. Beck		occurred at 9:30A.  M.D. 71 Fran	May 22,, 1 M, from the country of the country o	uses and on the	t saw the deceased date stated above DATE SIGNED 5/23/60
	22c. NAME OF CEMETERY O	R CREMATORY 3 CEM.	22d. LOCATION (City,	town, or county)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE  JOHN MTAYLOR. SOW ANN	ADDRESS APOLIS MD		BY REGISTRAR 24b 2 4 '60	Chilhun S. Kin	

AND A CAR OF THE REST OF THE WORLD CONTROL OF THE PARTY OF THE AND THE PARTY OF THE MARK AND RESIDENCE OF THE SECOND SERVICE OF THE CONTROL OF THE SECOND SE Cher Cheeler ACE The Horsey And Dictional Prism School Diff. c. Russian merce. STREET, BUT STREET, ST

MARYLAND STATE DEPARTMENT OF HEALTH-GARTINOIS IN

ADDRESS

e. IS RESIDENCE

Day

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO K

> > (Stote)

DATE SIGNED

(Stote)

Days

(County)

24b. REGISTRAR'S SIGNATURE

in & three

240. REC'D BY REGISTRAR

ON A FARM?

YES TO NO T

Yeor

1960

VS A15 (4) 1SM 10/57 REMOVAL (Specify)

FUNERAL DIRECTOR'S SIGNATURE

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		S. A. SAL	
	A STATE OF		
ob eli escapió d'iodi			
		The way	

# FOR STATE HEALTH DEPT. TO DENOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. It delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Pealith, or its designated agent, prior to burial, cremation, or removal, and in art event.

VS. AISME 5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5277MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()5356

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Rasidanca bafore admission)					
a. COUNTY Anne Arundel MARYLAND	a. STATE Maryland b. COUNTY Anne Arundel					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)					
Edgewater	Edgewater					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	, d. STREET ADDRESS   e. IS RESIDENCE					
Anne Arundel General Hospital	Woodland Beach YES NO NO					
3. NAME OF First Middla DECEASED	Last 4. DATE Month Day Yaar OF					
(Type or print) CHESTER M.	SHAFFER DEATH May 2, 1960					
7. MAKKED LIKEYER MAKKED	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.  Inst birthday)  Months Days Hours Min.					
Male White WIDOWED DIVORCED	July - 17 - 1404   50 yrs.					
10s. USUAL OCCUPATION (Give kind of work done) 10b KIND OF BUSINESS OR INDUSTRIAL TO THE WORK OF THE W	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAJOEN NAME  13. MOTHER'S MAJOEN NAME					
10000 11, Staffer	Centre Bury our					
NS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address					
	ho Deulah Dassfird Shaffer (2)					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intracereb	nol homorphage					
IMMEDIATE CAUSE (a) PLASSIVE INCLACETED	rar nemorrnage					
DUE TO						
Conditions, if any, which (b)						
gava risa to immediate cause						
(a), stating the underlying						
cause last. (c)	OT BELATED TO THE TERMINIAL DISEASE COMBITION CIVEN IN BART 1/2/10 WAS AUTORSY					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?					
	YES X NO					
208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING COURED.	(Entar natura of injury in Part I or Part II of item 18.)					
ZOc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL	ACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)					
Hour a.m. Whila Not Whila fac	story, street, office bldg., atc.)					
p.m. 19 at work at work						
21. I certify that I took charge of the remains described above, he	eld an Autopsy X, Inspection , Inquiry , and in my opinion					
death resulted from: Natural causes A, Accident , Suid	cide , Homicide , Undetermined manner					
	CHIEF MEDICAL EXAMINER T					
ACTUAL ON 2000 XX	ASSISTANT MEDICAL EXAMINER DATE SIGNED					
SIGNATURE ( CLOSELY ) TONES						
EXAMINER'S Russell S. Fisher, M.D.	Address (Street, city, town, or county)					
22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O						
DANGEROVAL Specify) 5-5-19/10 DOMENINAL	la Const Darydamuelle Md.					
23. EUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE					
Jelm M. Jayler Sins Comap	al. Ou a					
	DATEMAY 6 '60 arily S. Krous					

OF LAST THERE REPORTED AND SELECTION AS PROPERTY TRANSPORTATION OF THE PERSON. STATE TO TEADRIES CERTIFICATE OF STATE Attne Lectur Anne Articol Denoted Hospital Later Decided Languist onthe AND THE SECOND OF THE SECOND

# OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNCTAL DIRECTOR: After this certificate has been signed by the attending physician and campletely firm by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5321

**CERTIFICATE OF DEATH** 

05357

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Anne Arundel	MARYLAND	2. USUAL RESIDENCE (WI		h COUNTY	Residence befo Anne Ar			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL - Shadyside						
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Anne Arundel General Hospit	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES \( \text{NO} \) NO \( \text{NO} \)							
3. NAME OF First DECEASED (Type or print) OSCAR	Middle Lvnn	Lost	4. DATE OF DEATH	Month Mav	Do		eor 960	
5. SEX   6. COLOR OR RACE   7. MARRIE   WIDOWED	D NEVER MARRIED	8. DATE OF BIRTH April 5, 1897	7 9. A	GE (In years IF	UNDER 1 YEAR	Haurs	R 24 HRS. Min.	
100. USUAL OCCUPATION (Give kind of work dane 10b. Kind during most of working life, even if retired)  MERCHAHT FAYMER  13. FATHER'S NAME  11. 100. Siege & T	IND OF BUSINESS OR INDU PRE + Frame Fav		nd		U.		COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yest, no. or ynthrown) (If yes, give wor or didde of service)		NFORMANT UL E Sieger	101	dy 51d	e M	1		
Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse last.  Coughtiers (c)   DUE TO    Conditions (c)   DUE TO    Couse (o), stating the under-lying couse last.	hyocard	ial in	e Cardian larex	tion	mare J	T AND I	ays	
PART II. OTHER SIGNIFICANT CONDITIONS CO.  PART II. OTHER SIGNIFICANT CO.  PART III. OTHER SIGNIFICANT CO.	leroses a	nd wren	nia .		TIN PARI 1(0)	PERFOR	NO D	
3	Not while fo	ACE OF INJURY (Home, farm clary, street, affice bldg., etc		own)	(County)		(State)	
21. I certify that I attended the deceased olive on May 2, 1960  ACTUAL SIGNATURE PHYSICIAN'S Willard F. Smith	d from April 8		May 2,  M, from th  ADDRESS (Street,  Side, Mo	e causes and city or town, sto	d on the da	te state	deceased d above. TE SIGNED	
220. BURIAL, CREMATION, PRINCE THEREOF SECOND STATE THEREOF	22c. NAME OF CEMETERY O	OR <del>CREMATO</del> RY	LT & LES	ville	Me		)	
23 EUNERAL DIRECTOR'S SIGNATURE	lierelle les	240. REC	D BY REGISTRAR		PAR'S SIGNATUL			

TO FUN VS A15 (4) 15M 9/55

tained by the haspital ar attending physician.

A STATE OF THE STATE OF 1 4 1 1 4 The second of th become and the first of the Control ALTONOMY STATE OF THE STATE OF THE ACT OF THE PROPERTY OF THE STATE of the s

in by the funeral director, and 2 shauld be filed with

remave carban papers. after death.

event within 72 hayrs Then please

page 3 shauld be detached for use as the burial-transit permit. the registrar prior to burial, cremation, ar remayal, and in any

urs after death. Page 4

TO HO ALOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the may the factorined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled.

VS A15 (4) 15M 9/5B

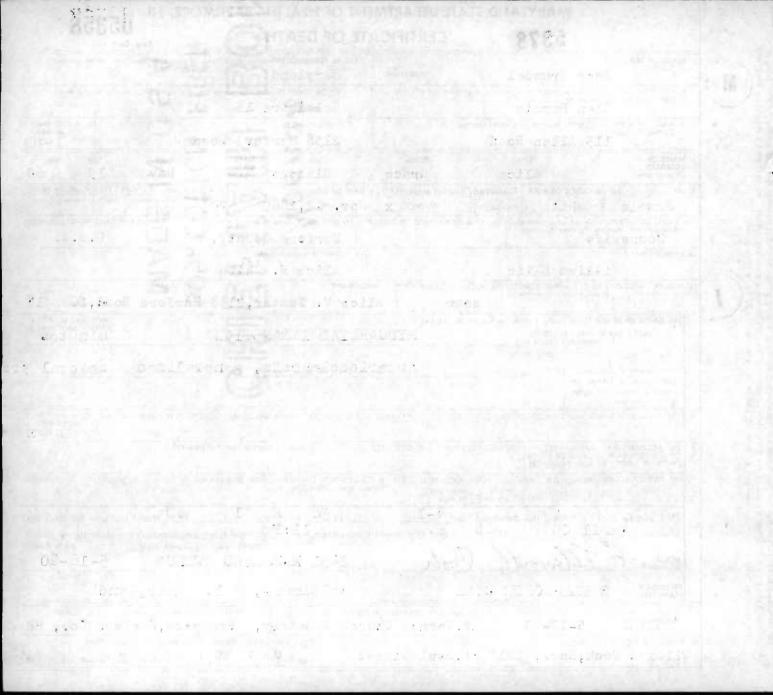
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5378

CERTIFICATE OF DEATH

05358

	UU	UU
Peg	Dist	No

001	0	Reg. Dist. No.
DE COUNTY Anne Arun	del MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If autside carporate I RURAL and give nearest town) Glen Burn	imits, write c. LENGTH OF STAY IN	
d. NAME OF HOSPITAL (If not in haspite OR INSTITUTION 113 Allen	I, give street address)	d. street address  2138 Harford Road  e. is residence on a farm yes \( \square\$ no
NAME OF DECEASED (Type or print) A	First Middle Lice Grac	e Simmons 4. DATE Month Day Year OF DEATH May 13 19 6
SEX 6. COLOR OR RAC	7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	Jast Dirinday) Manths Days Hours Mi
a. USUAL OCCUPATION (Give kind of wo during mast of working life, even if retin Housewife	rk dane 10b. KIND OF BUSINESS OR II	NDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNT Harford County, Md U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN NAME
William El	lis	Alice R. White
. WAS DECEASED EVER IN U. S. ARMED F es, no, or unknown) (If yes, give wor or dates		Address Alice V. Foster, 2138 Harford Road, ZONE 1
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CO	(b) Ar 1	CCARDIAL INFARCTION  CONSET AND DEAT MINUTES  THE PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED.
PART II. OTHER SIGNIFICANT CO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINE	TH R)	YES ☐ NO URRED. (Enter noture of injury in Part I ar Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Haur a. m. p. m.	While Not while	le. PLACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (Shactary, street, affice bldg., etc.)
21. I certify that I attended to alive an April 25  ACTUAL SIGNATURE FLISHOR  PHYSICIAN'S E ELLSWO		n 1958, ta May 13 , 190, that I last saw the decea eath accurred at 11: P.M., from the causes and on the date stated about ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  DATE SIGN  MARYIAND AVENUE 5-16-60  Baltimore, 18 Maryland
o. BURIAL, CREMATION, 22b. DATE THEIR REMOVAL SPECIFY) 5-17-6	The state of Control	
FUNERAL DIRECTOR'S SIGNATURE William Cook, Inc.,	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE



# TO HOSEITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be taken by the haspital ar attending physician. TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely figure to the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. 63

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 5322

**CERTIFICATE OF DEATH** 

05359 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Anne Arur	ndel MARYLAND	2. USUAL RESIDENCE (Who	h COUNT	tion: Residence before admission)  Y Anne Arundel			
b. CITY OR TOWN (If outside corporate limi RURAL and give nearest town) Annapolis	ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Glen Burnie					
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION Anne Arundel General F		d. STREET ADDRESS 205 4th Ave	., S.W.	IS RESIDENCE ON A FARM? YES NO.			
3. NAME OF DECEASED (Type or print) Sarah	3. NAME OF First Middle DECEASED (Type or print) Sarah			onth Day Year 2 19 60			
Female White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		9. AGE (In year lost, birthday) 69 yrs	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired HOUSEWOIK  13. FATHER'S NAME	done 10b. KIND OF BUSINESS OR INDE	JSTRY 11. BIRTHPLACE (STOP)  Virgi  14. MOTHER'S MAIDEN N.	nia	U.S.			
George W. Dulanev		Almedi	a Bradley				
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or unknown)   111 yes, give wor or dates of t	ervice)	INFORMANT r. George Sim		dress me As #2			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-	DUE TO  Conditions, if any, which gove rise to immediate  DUE TO  DUE TO  Conditions, if any, which gove rise to immediate  DUE TO						
icatic	)DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO Z			
	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in P	ort I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Yell Hour o. m. 19	or 20d. INJURY OCCURRED 20e. P While Not while of work of wark	LACE OF INJURY (Home, farm, actory, street, office bldg., etc.)	20f. (City or town)	(County) (State)			
21. I certify that I attended the	deceased fram Apr: 13	, 19 60, ta Ma	ay 2 196	O,that I last saw the deceased			
actual SIGNATURE TOURS	alive on May 2, , 1960 , and that death accurred a 9:50A M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, state)  DATE SIGNED  121 Cathodres   Street   Street						
PHYSICIAN'S Frank M. Sh:	ipley	Anna pol	is, Md.				
720. BURIAL, CREMATION, 22b. DATE THERECO			22d. LOCATION (City, town, Glen Burni	or county) (Stote)			
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Glen Burnie,	Med	BY REGISTRAR 246. REG	GISTRAR'S SIGNATURE CINTHUM S. HTWA			

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				HO. E. 1997	
THE SHEET SALES				- Apple No.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05360 5323 CERTIFICATE OF DEATH Reg. Dist. No. with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY filed MARYLAND ofter death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 funeral c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITALI(If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO NAME OF 4. DATE First Middle Month Day Year DECEASED (Type or print) G. DEATH 19 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years last bythday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH Months Days Hours Min. WIDOWED DIVORCED [ YFS 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME move hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address yes, give wor or dates of service) 72 attending eose within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO that Conditions, if ony, which (b) gave rise to immediate DUE TO couse (o), stating the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) certificate crematian, 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m. While Not while of work at work ., 19\_\_\_, ta 3 27-60, 19\_\_\_\_,that I last saw the deceased 960 21. I certify that I attended the deceased fram. detached alive on and that death accurred at \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, Hote) DATE SIGNED ACTUAL should PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Buria 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR DATE MAY 3 1 '60 VS A15 (4) 1SM 9/55

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TOTAL CONTRACTOR OF THE PARTY O Sandy & Colored

deloy is necessory, please exe-director. Page 4 should be cremation, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, prof. of certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fund director. Page 4 for a veded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 1, pofilles.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the registrar prior to buriof. ar removal.

	MARYLAND	STATE	DEPARTMEN	NT OF	HEALTH-	-BALTIMORE,	18
_	-MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

05361

	5379 Item 9 Film	G263	5-20-60 et		Reg. Dist. 1	Vo.
1	PLACE OF DEATH G. COUNTY			/here deceased lived. If Institut	ion: Residence I	before admission)
		MARYLAND	o. STATE	amo Same		
T	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	STAY IN 16		outside corporate limits, write	RURAL and give	nearest town)
1	Point Pleasant Glen Burnie 6 ves	ne	Same			
T	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street		. STREET ADDRESS			e. IS RESIDENCE
h	Wear a shed, Box 209 Route 2			Same		YES NO
	3. NAME OF First Mick	lle	Last		Do	
	(Type or print) Nicholas Andrew Steinh			4. DATE Month OF DEATH May 1		19 60
15	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER M		DATE OF SIRTH	9. AGE the years	IF UNDER TYEA	
1			10/17/04	fort birthday  55 86 yrs.	Months Days	Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINES				12 CITIZEN	OF WHAT COUNTRY
	during most of working life, even if retired)					
_	Retired seaman and night watchman		Baltimo		USA	
I		5		AME		
-	John Steinbach  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY	(NO 117 M)	Elizabeth	Address		
	(Yes, no, or unknown)   (If yes, give war or dates of service)	100				
4	?    101-10-165		rs. Nedia St	einbach (wife)		
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH						TERVAL BETWEEN USET AND DEATH Sudden
PART I. DEATH WAS CAUSED 8Y: Coronary Occlusion Sudden					Sudden	
	400,1 DUE TO				0.000	
	Conditions, if ony, which) (b)			- 05		A
1	gove rise to immediate cause (o), stating the underlying DUE TO					
1	cause lost. (c)					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TERMI	NALDISEASE CONDITION GIVE	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING O  CAUSE OF DEATH.					YES NO
	20d. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY C	CCURRED. (En	ter nature of injury in Port	1 or Port II of item 18.)		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRE While Not while at work at work at work		E OF INJURY (Home, form	20f. (City or town)	(County)	(Stote)
	Hour a. m.  p. m.  19  While Not while at work at work	foctor	ry, street, office bldg., etc.			
	21. I certify that I taak charge of the remains described	ibed abov	e, held an Autaps	Inspection 2001	Inquiry X	, and find tha
L	death resulted fram: Natural causes XI, Accident	_	ide [], Homicide	=		, dila tina ina
T	A 15		ide [], Hollifelde	, Ondetermined Co	позе [_].	
1	ACTUAL Sustan Al auberton	1/1	CHIEF MEDICAL EX	AMINER [	774.52	DATE SIGNED
1	SIGNATURE COLOR TO THE TOTAL STATE OF THE SIGNATURE COLOR TO THE SIG	U.	ASSISTANT MEDICA			
,	EXAMINER'S Custovio U Fouhort M.D.		DEPUTY MEDICAL E		60	
-	NAME (Type) Gustave H. Faubert, M.D.  220. BURIAL, CREMATION, [226. DATE THEREOF [22c. NAME OF C	EMETERY OR A		22d. LOCATION (City, town, o		(Charles)
1	REMOVAL (Specify)		REMATORT			(State)
-	Burial 5/18/60 Glen 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Haven	240 9501	Glen Burnie		HIPF
ľ	JOHN F. DENNY. INC. 715 Lig	h+ Q+		1 8 , 80   540 KEG12	TRAR'S SIGNAT	
	DOMN F. DENNI, INC. 110 LIS.	TIL DE.	DATE NU	11 1		

VS. A15ME(5) 5M 9/55

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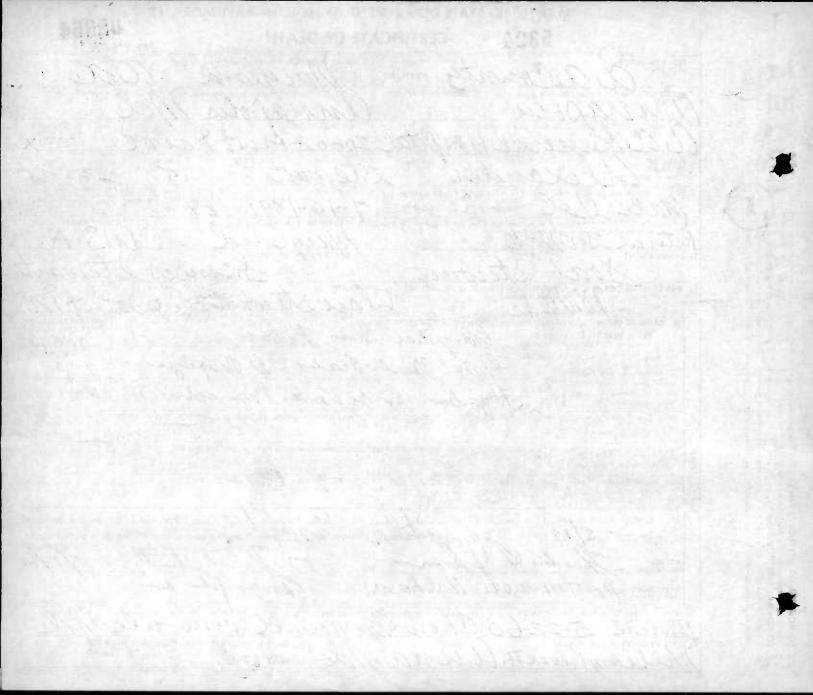
VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5324 CERTIFICATE OF DEATH

(15364 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY ALCOUNTY MARYLAND	2. USUAL RESIDENCE (Where decrosed lived. If institution: Residence before admission a. STAT)
CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	C. TTYOR TOWN (Ill autside carporate limits, write RURAL and five nearest tawn)
AT NAME OF HOSPITAL (tynot in haspitol, give street oddress) OR INSTITUTION	d. STREET ADDRESS  ON A FA  YES   THE STREET ADDRESS   10. IS RESIDE  ON A THE STRE
3. NAME OF DECEASED (Type or print) A CALL COLL.	Last 4. DATE Month Day Year OF DEATH 5 2 2 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	
10a. VSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even threthred)	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  A GAMCON Stourn
15. WAS DECEASED EVER IN U. S. ARMED/FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Stewarts 2060 Forest h
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Oragistive	Heart Failure Interval Betwoods The day
Canditions, if any, which) (b) Ceretul Viscula	in acades i De Paraplegia 1 ya
	nder Vesahr Desare But TV 2 M.
CATIC	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORM YES \( \) \( \)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I ar Port II af item 18.)
	PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)  (County)
21. I certify that I attended the deceased from 5/1/2 alive on 5/1/9 19 60 and that deat	1966, to 5/19, 1960, that I last saw the dece
ACTUAL SIGNATURE SHEADER H. John	ADDRESS (Street, city ar town, state)  ADDRESS (Street, city ar town, state)
PHYSICIAN'S Pr. THEUDURE H. Vohilso	11 annoget, ku
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY SEMOVAL (Specify) 5-22-60 Chaw	DE CREMATORY 22 LOCATION (City, town, ar Equative Monate)
FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ALLEM CESETT (MMG)	DATEMAY 26 60 CATHUR S. TIME



TO HOSE

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 5380

05362.

1	1. PLACE OF DEATH a. COUNTY are auchol	MARYLAND	2. USUAL RESIDENCE (Where deceased o. STATE)	b. COUNTY	before admission)
	b. CITY Of TOWN (If outside corporate limits, write RUPS and give ontest town)	NGTH OF STAY IN 16	c. CITY OF TOWN IT outside corpore	te limits, write RURAL and give	nearest town)
Ô	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	Home	d. STREET ADDRESS	le tock	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Marrie E	tinche	orn de	5 Man 1-	19600
	S. SEX  6. COLOR OR RAD 7. MARRIED   Mulmidowed	DIVORCED		AGE (In fears   IF UNDER 1 Y   Months   Da	
	10a. USUAL OCCUPATION (Give kind of work one 10b. KIND during most of working life, even if retired)  13. FATHER'S NAME	of Business or Indust	RY 11. BIRTHPLACE (State or foreign country)  14. MOTIVE S MAIDEN/MAKE	12.CITIZEN	S.A-
1	Frank Moore		Harriet Va	bley	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. psynknown) (If yes, anye war or dates of service)	security NO. 17. INF	ormany Little L. Jenk	Address	as #2
	18. CAUSE OF DEATH [Enter only one cause of line for	(o), (b), and (c)	0011		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	coffarci	clar Kyran	-	3 pas
	422. DUE TO	· Oni	1/1-tement	2	4 Jean
	Canditians, if ony, which gave rise to immediate DUE TO	and ye	y authorized	01.00	2.
	couse (o), stoting the under- lying cause lost.	netures	- posseply	. C. 4. Glad	the smooth
	PART OTHER SIGNIFICANT CONDITIONS CONTR	BUTING TO DEATH BUT N	TOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED YES NO
)	OR CONTRIBUTING CLUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part	I of item 18.)	1
	Y 20c. TIME OF INJURY Month, Poy, Year 20d. INJURY While of work to of work to	lot while focts	CE OF INJURY (Home, farm, pry, street, office bldg., etc.)	or town) (Cou	inty) (Stote)
	21. I certify that (I) (this haspital) oftended th		arch 23 60 1	May 1-, 19 60 he causes and an the d	that (I) (we) last
	220 SIGNAJURE	1960 and that de			22b DATE
	225 FHYDAS JOSEPH LIPS	The same of the sa	.D. PHYS. MED. DIRECTOR  22d. ADDRESS	STAFF PHYS.	5/1-60
	ODENTON, MARYLAN				
	REMOVAL (Specify 4 th May 1960	NAME OF CEMETERY OR	Constant 23d. LOCATI	ON (City town, or county)	(Stote)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS /	male pate MAY 4	25b. REGISTRAR'S SIGN.	

The second of th THE LOSEPH LIPSELY GRAJYRAM MOTNIGET

16年1年代人と大学会に関係 188 000 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5381 **CERTIFICATE OF DEATH** ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 n by the funeral director, and 2 should be filed with

05365 Reg. Dist. No.

1. !	PLACE OF DEA	A. C.	2	MARY		STATE	CE (Where		If institutions Resident. COUNTY	before ad	mission)
1	LIRURAL ond	WN (If outside corporive nearest town)	- 0	c. LENGTH OF STAY	IN 1b	LLSME	- /		its, write RURAL and	give nearest I	lown)
	d. NAME OF H	OSPIT (L (If not in he lion ) Dead (and old General)	HORE S  ospitol, give street on arriva cal Hospi	eddress) Eal	10	d. STREET ADDR	1	) HORE	S NUNAL/T	OI	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print)	DONAL	First	Middle	Su	ean	SR	DATE OF DEATH	Month May	Day 21	Yeor 1960
S. 5	MAL	E 6. COLOR O	R RACE 7. MARE	HED NEVER MARRIE		TE OF BIRTH	905		(In years birthday) Months yrs.	Days Hou	NDER 24 HRS. urs Min,
100	USUAL OCCU	PATION (Give kind f working life, even	if retired)	MOTOR }	GT.C	11. BIRTHPLACE	(State or f	foreign country)	7 12. CIT	1.S.A	HAT COUNTRY?
13.	BA I	RUCH	W. Su	IEANY	14	MOTHER'S MA	P NAM	ULLM	AN		
IS.	WAS DECEASE s. no. or unknown)	DEVER IN U. S. AR/		SOCIAL SECURITY NO.	MAR	GUER	TE	BS	Address UEANY	#2	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  (MMEDIATE CAUSE (o))  DUE TO  Conditions, if ony, which  gove rise to immediate										
7	couse (o), st lying couse	lost.	(c)	<b>Y</b>							
CERTIFICATION	PART I	OTHER SIGNIFICA	NT CONDITIONS O	ONTRIBUTING TO DEA	TH BUT NOT	RELATED TO THE	TERMINAL	L DISEASE CONE	DITION GIVEN IN PAR	PE	REPORMEDS
	OR CONTRIBL	IT WAS UNDERLYIN ITING   CAUSE OF OTIFY MEDICAL EXA	DEATH	CRIBE HOW INJURY OF	CCURRED. (En	ter noture of inj	ury in Port	I or Port II of it	em 1B.)		
MEDICAL	Hour		Doy, Year 20d. II While at wor	NJURY OCCURRED  Not work	20e. PLACE ( foctory	OF INJURY (Hom street, office bld	e, form, g., etc.)	20f. (City or tow	n) (1	County)	(Stote)
	21. I certify that I attended the deceased fram. $4-202$ ., 1960, to $5-22$ ., 186, that I last saw the deceased alive on $5\cdot 22$ ., 1960, and that death occurred al. 0:24P eM, fram the causes and on the date stated above.										
	ACTUAL SIGNATURE_	Fran	hmle	rifly	M.D.	121	ADE		y or town, state)	5,	DATE SIGNED
		Frank M.		(		Anr	apol	is, Md.			
220	BURIAL, CREA	MATION, 22b. DATE	24-1960	HILLCRES	0.0	M.CEN		4 UNA	POLIS	N	Stote)  D.
1	FUNERAL DIRE	CTOR'S SIGNATURE	0.6	ADDRESS	- 1/		REC'D BY		24b. REGISTRAR'S SIG		

TO FUR VS A1S (4) 1SM 9/5S

I DIRECTOR: After this certificate has been signed by the attending physician and completely fill

page 3 should be detoched far use as the burial-transit permit. Then please remove carbon papers. the registror prior to burial, cremotion, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

05366

6-7-60
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  O. STATE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  3 Vol. 4
d. STREET ADDRESS 1102 West Savatoga St. e. IS RESIDENCE ON A FARM? YES NO DE
HOMPSON 4. DATE Month Day Year OF DEATH 21 1960
8. DATE OF BIRTH  P. AGE (In years lest birthdoy)  ADNO 12/884  9. AGE (In years lest birthdoy)  Months Days Hours Min.
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY  U.S.A.
14. MOTHER'S MAIDEN NAME LOWER LAINES
Medical Record Address
bral Hemorrhage Interval Between ONSET and DEATH
tic cardio vascular disease
tateriosclerosis
UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
RED. (Enter noture of injury in Part I or Port II of item 1B.)
PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)  20f. (City or town) (County) (State
death accurred at which the causes and an the date stated above
M.D. PHYS. DIRECTOR PHYS.
M) Crawville State Hospital Md.
OR CREMATORY 23-1-90CATION (City, town, Scount) (State)
250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  DATEMAY 2 5 '60 CALLUT S. KLAUS

TO HOSP ALOR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 pours ofter death. Page 4 may defined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye corban pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs ofter death. VR A1S (4) 1SM 9/S9

Anna Arvadel Maryland Chennest Baltimere CROWNSHILLE STATE MCSPITAL HOR WIT SONATOR OF. 1RA THOMPSON 5 21 SC Male Negro x naxaente confenins processos bes and when I was a wind when I was a way to the i parent makeous medicol Recotel excess cenebral Hemerhace Appleviese les etie combie vies enlar étiterse General. Asterioselerosis 1/25 19 3/2/60 The transfer of the control of the state of Every Sign Proc Front I'm Cart Clience I Ton Me the contract of the second of the second of the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 5325 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) / delay is necessary, funeral director. Page ained for your files. a. COUNTY Health, b. COUNTY Anne Arundel County MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hoanaka Annapolis
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d. STREET ADDRESS . IS RESIDENCE ON A FARM? retained Anne Arundel General Hospital 1338 Eastgate State YES T NO Ave. . NAME OF 4. DATE Yaar ould be executed within 24 hours after death.

"in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be retaburial-transit permit. File pages 1 and 2 with the Surial-transit permit. DECEASED Campbell (Typa or print) DEATH 25 May 60 19 THURSTON 8. DATE OF BIRTH 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED - NEVER MARRIED DE last birthday) Hours Male DIVORCED X August 9 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ralired) Carpenter Construction 14. MOTHER'S MAIDEN NAME FATHER'S NAME George Benjamin Thurston Celia Haga This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give war or dates of service) Oakey Funeral Home, Roanoke, Va 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, while (b) "pending" geve rise to immediate cause Examiner's Ø DUE TO (a), staling the underlying SE PARTIAL cause last. pesn asse execute the certificate, writing the word "per should be forwarded to the Chief Medical Exami FUNERAL DIRECTOR: Page 3 should be used its designated agent, prior to burial, cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY TO OF CONTRIBUTING TO JTY MEDICAL EXAMINER: CAUSE OF DEATH. Deceased stumbled and fell from houseboat into water. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While South River Park- Anne Arundel al work at work Houseboat 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Accident T Homicide Undetermined manner death resulted from: Natural causes Suicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER May 26, 1960 EXAMINER'S NAME (Typa) Addrass (Streat, city, Iown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b, DATE THEREOF 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) ₹40 OH Cedar Lawn miria] Roanoke Co. 24a, REC'D 8Y REGISTRAR | 24b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. AISME wining & House 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Arms Armsol County seems seems M wan and and of the Tarticent Levenico decouse anni-7227 (3.00) . There and les taget and field bee bel that benesced FRANCISCO - WAS THE CONTROL OF 488 26 AFE mants - the state of the state

VS A15 (4) 15M 9/58

McCully Funeral Homes 130 E. Fort Ave.

24g. REC'D BY REGISTRAR DATE MAY 3 1 '60

24b. REGISTRAR'S SIGNATURE arthur S. Thank

e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Day

Days

(County)

YES NO

Year

1960

A TO LANGE THE PERSON OF THE P A 

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
5326 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

05369

	9326 mi		E EXAMINER	CERTIFICA		DEATH	Reg. Dist	t. No.	
i. PLACE OF DEATH o. COUNTY Anne	Arundel		MARYLAND	2. USUAL RESIDENCE o. STATE Mary			rioni Resident		odmission)
b. CITY OR TOWN ond give nearest to Annap 1		e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN			RURAL and (	give near	est town)
d. NAME OF HOSP			pital, give street address) pital	d. STREET ADDRESS					ON A FARM?
3. NAME OF -DECEASED (Type or print)	Fin THERI		Middle NNA WAGNER	Last	4. DATE OF DEATH	Month May	16	Doy	Year 19 60
5. SEX				. DATE OF BIRTH		9. AGE (In years lost birthday)	Months D	-	UNDER 24 HRS.
Female	White	WIDOWE		July 15, 1		75 yrs.			
during most of work House	ION (Give kind of work ing life, even if retired)  BO Wife	done 10b. 1	own home	Hungary	te or foreign o	country)	US		VHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Phill	ip Moritz			Margaret	(Unkno	own)			
15. WAS DECEASED E	VER IN U. S. ARMED FO	service)		NFORMANT		Address	" -	-	
no	no	21	.8-36-4507 Mr	Charles Wag	ner- So	on- same	as # 2	2	
Conditions, If gove rise to imm (a), stotling the couse lost.	underlying DUE TO	)	Auricullar Fibright leg.			ral throm			
PART II. O'  20g. EXTERNAL C/ PRIMARY O or CC CAUSE OF DEATH	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TER	MINALDISEAS	E CONDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
	AUSE WAS DITRIBUTING [	Db. DESCRIB	Natural car	Enter noture of injury in Po 1365	ort I or Part II	of item 18.)			
20c. TIME OF INJ Hour o. m p. m		While		CE OF INJURY (Home, for ory, street, office bldg., et	rm, 20f. (Cit)	or town)	(Coun	ty)	(State)
death resulte	1 27	-	Accident . Sui	cide [], Homicio	de 🔲, U	nspection X,			and find tha
SIGNATURE EXAMINER'S	Elmer G. Li	nhardt	reekf	M.D. CHIEF MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICA	CAL EXAMINE	R			
	ION, 226. DATE THEREC	OF	22c. NAME OF CEMETERY OR St. Mary's Cen		4 10 10 10 10 10 10 10 10 10 10 10 10 10	TION (City, town,			(Slote)
23. FUNERAL DIRECTO			ADDRESS		C'D BY REGIST	RAR 246. REGIS	TRAR'S SIGN	NATURE	

DATEMAY 1

9 '60

aritur S. Krous

Annapolis.

VS. A15ME(5) 5M 9/55

or remaval

HARYLANDSTATE DEPARTMENT OF THIMETH-BARTIMORE TO CREEK MEDICAL EXPANNER'S CERTIFICATE OF DEATH

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X		MAR'
	1. PLACE OF DEATH o. COUNTY	5.
	Anne Aru	ndel
ł	b. CITY OR TOWN (If and give necres) town)	outside corporate limits,
	Point Please	ant, Glen
	d. NAME OF HOSPITA	L OR INSTITUTIO
(	n the ground	i near Wa
	3. NAME OF DECEASED (Type or print)	Carol Is
	5. SEX	6. COLOR OR RA

RYLAND	STATE	DEPART/	WENT	OF H	EALTH-	-BAL	OMIT.	R
MEDIC	AL EX	AMINER	R'S C	ERTIF	ICATE	OF	DEAT	
			H					-

RE,	18	
H		U5370
	Reg.	Dist, No.

	LACE OF DEATH					2. USUAL RESIDENCE	CE (Whe				dence be	fore adm	ission)
	Anne Aru	ndel		MARYLAI	ND	o. STATE		S	ameb. COUNT	Y			
b	. CITY OR TOWN (If and give negres) town	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOW	VN (If au	tside corp	orote limits, write	RURAL a	nd give n	nearest to	wn)
Po		ant, Glen Bu	rnie	15 months		× Sa	ame						
				spital, give street address)		d. STREET ADDRE	ESS	100					ESIDENCE
m	the groun	d.near Walt	Is T	avern.Point F	7	sant Rd.			Same				A FARM?
3. 1	NAME OF	Fire		Middle	-90	Lost	4.	DATE	Mant	h	Day	- to	lear .
	DECEASED Type or print)	Carol Isas	c We					OF DEATH	May 3		July		9 60
5. S	EX			ED NEVER MARRIED	7 8. D	ATE OF BIRTH			9. AGE (In years	_	R TYEAR		ER 24 HRS.
	_ M	W	WIDOWE		1	1/26/91		6	lost birthday) 68 yrs.	Months	Days	Hours	Min.
10a	USUAL OCCUPATION	ON (Give kind of work	lone 10b.	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (	(State or	foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
ď	Bar Tend		21 9				-		Maryland		USA		
13.	FATHER'S NAME				1	4. MOTHER'S MAID		4 7	1042 ,7 2101210	•	002	1 11	
13	Tohn Dro	ston Waltz				with a service	2.0		-				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO. 11	7. INFO	RMANT -	Ma	ry	ane Re				
(Yes,	no, or unknown)	(If yes, give war or dates of					77 5	11.70	7100.000		70 3	1.	05
	No	nt fe continue		f = ( = ( )	V	rs.Helen	1	Wolf,	536 ALG	en St			
		TH [Enter only one cau H WAS CAUSED BY:									ONS	RVAL BETW ET AND DE	EEN ATH
		IMMEDIATE CAUSE (0)	Sel	f inflicted w	roun	d to the	hea	d wit	th a 32	gaug	9		
	776	DUE TO											
	Conditions, if or		rev	olver.(Harrin	gto	n-Richard	dson	make	).		S	udde	n
	gave rise to immed (a), stoting the u												
	cause last.	(c).											
No.	PART II, OTH	ER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH BE	TON TU	RELATED TO THE T	TERMINA	LDISEASE	CONDITION GIV	EN IN PA	RT 1(a) 1		
TY												YES T	RMED?
CERTIFICATION	20a. EXTERNAL CAU	SE WAS 20	DESCRIB	E HOW INJURY OCCURRED	. (Ente	r noture of injury in	n Port I c	or Port II o	of item 18.)				
CER	CAUSE OF DEATH.	12d/	See	11									
3	20c. TIME OF INJUR	Y Month, Day, Yea			PLACE	OF INJURY (Hame,	form,	20f. (City	or tawn)	(C	ounty)		(Stote)
WEDICAL	Haur a.m.	5 /3/ 19	While	e Nat while	actory,	street, affice bldg.	., elc.)	-				A A	
2	nknownp. m.		9 -			he ground			nt Pleas				
-				remains described o				=	spection .	_	ry 🔠	, and	find that
	death resulted	fram: Natural	causes [	, Accident ,	Suicid	le 🛴 , Hamid	cide _	_, Un	determined o	ause _			
	ACTUAL L	+	WIS		h							DATE S	IGNED
	SIGNATURE	usiave,	11-1	wherono	N.	A.D. CHIEF MEDICA	AL EXAM	IINER 🔲				DAIR :	NOTALD .
	EXAMINER'S					ASSISTANT ME	EDICALE	XAMINER					
	NAME (Type)	Gustave H	Fau	bert.M.D.		DEPUTY MEDI	ICAL EXA	MINER [	5/	3/60			
220	BURIAL CREMATIO	N, 226. DATE THEREO		22c. NAME OF CEMETERY	OR CR	EMATORY	22	d. LOCATI	ION (City, town,	or caunty)		(Stat	e)
	Burial	May 6, 1	1960	Winfield C	hur	ch of G	bot	Cs	arroll	Co.	Me	rvl	ana
23.	FUNERAL DIRECTOR			ADDRESS				Y REGISTR			GNATU	RE	- Br
	C. M. W.	ALTZ, Wir	fiel	d, Marylan	d	DATI	EMAY	5 '60	an	Thung S.	Krau	A	
						1 07.11	ALELJ D						

VS. A15ME(5) 5M 9/55

# SOUND SHOULD STOLL MANAGER BERLEAD . OU Ilystet who no hound of canbi post , o the Amelyses also mive a diameter

## OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 in by the funeral director, and 2 shauld be filed with may be tained by the haspital ar attending physician. O FUNCACAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillipage 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 the registrar prior to burial, cremotian, ar removal, and in any event within 72 haurs after death. TO HOSPITAL OF Hain

VS A15 (4) 15M 9/55 附

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5327 CERTIFICATE OF DEATH

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leg.	D	ist.	No	3.	

	PLACE OF DEATH   C. COUNTY   Anne Arundel   MARYLAND   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   Anna Polls   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   Anna Polls   RURAL - Anna Polls   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   RURAL - Anna Polls   RURAL - Anna Polls   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   RURAL - Anna Polls   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   RURAL - Anna Polls   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give neorest loved)   C. CITY OR TOWN (if outside corporate limits, write RURAL and give n										
	RURAL ond give no	eorest_lown)	ts, write		c. CITY OR				RURAL and g	give nearest	t town)
A	d. NAME OF HOSPIT OR INSTITUTION NNE Arunde	TAL (If not in hospitol, g el General	ive street Hospi	oddress) tal	d. STREET A		D. #3				ON A FARM?
	DECEASED		st	Middle			OF			Doy 3	
							1903	9. AGE (In years last birthday) 57 yrs.			
10o	during most of worl	king life, even if retired	done 10b.	KIND OF BUSINESS OR IND			_	ountry)	12. CIT		WHAT COUNTRY?
13.		VESTLE)	, (	OLE	14. MOTHER'S	MAIDEN	NAME E /	HARDE	ST	4	
				SOCIAL SECURITY NO. 17.	INFORMANT	= W	IHITU	VORTH	ress #	2	
CATION	gave rise to i couse (o), stating lying cause lost.	ny, which (b mmediate the under- (c	)		UT NOT RELATED TO	) THE TERM	IINAL DISEAS	E CONDITION GIV	VEN IN PART	P	PERFORMED?
	OR CONTRIBUTING	MEDICAL EXAMINER)									
MEDICAL	Hour a. m. p. m.	Y Month, Doy, Yes	While	Not while k at work	PLACE OF INJURY ( factory, street, office	bldg., etc	c.)	or rown)		County)	(Stote)
	ACTUAL SIGNATURE	May 3, Lucar	deceas 19.5 ECK	ed from Apr. 9,	th occurred at	2:05P 71 Fr	AM, from	treet, city or town,	and on the		
220	BURIAL, CREMATIO	N, 22b. DATE THEREC		22c. NAME OF CEMETERY				TION (City, town,		N	(State)
23.	FUNERAL DIRECTOR	S SIGNATURE	SONS	ADDRESS	18 Mp.	24a. REC'	D BY REGIS		STRAR'S SIC		14

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WATER TO SEE	.d.c.			
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MARYLAND STATE DEPARTMENT OF BEALTH-ILLTIMORE, 18

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 5385 director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND death. funeral b. CITY OR TOWN (If autside carporate limits, write RURAL gard/give/hearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN Uf autside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 20 puo NAME OF 4. DATE Middle Last Month DECEASED (Type or print) Poges DEATH within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In yours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY HI. BIRTHPLACE (State or Meign country) during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) C attending please CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (a) event DUE TO requires that ģ any Conditions, if any, which been signed gave rise to immediate DUE TO cause (a), stoting the underpuo lying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH õ crematian, 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Day, Year 20f. (City or town) factory, street, affice bldg., etc.) Hour a. m. While Nat while at work at work p. m 21. I certify that I attended the deceased from. alive an and that death occurred at ADDRESS (Street, city or Igwn, state) ACTUAL DIZ shauld PHYSICIAN'S

22c. NAME OF CEMETERY OR CREMATORY

DATE MAY 3 1

ADDRESS

the registrar 0 VS A15 (4) 15M 9/55

NAME (Type) 220. BURIAL, CREMATION.

REMOVAL (Specify)

23) FUNERAL DIRECTOR'S SIGNATURE

19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (State) .that I last saw the deceased M from the causes and an the date stated above. DATE SIGNED 22d. LOCATION (City, town, or country) 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Unhay S. Thous

05371

Day

e. IS RESIDENCE

YES NO

ON A FARM

Year

Reg. Dist. No

in the state of th			-2888	
			COMPANIES OF THE PARTY OF THE P	
	I WARREST OF THE OWNER.			
		wast telebra		
	- while we -			

urs after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24

	538	36	CERTIFICA	ATE	OF DEA	ATH						
1. PLACE OF DEATH 0. COUNTY	Anne Arunde	1	MARYLAND	0	CTATE	ice (Whe		lived. If instituti b. COUNTY		nce befo	re admissi	ion)
b. CITY OR TOW RUPAL and giv Glen B	N (If outside corporate lime neorest town) urnie	nits, write	c. LENGTH OF STAY IN 18				tside corpore	ote limits, write F	RURAL ond	- ·	01,	1
d. NAME OF HO OR INSTITUTION Plaza Mai	SPITAL (If not in hospitol, ON Nor Nursing	give street of Home	oddress)	1	22 N. C		ollton	Avenue	2.	17		IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Benjamin Fra	nklin	Middle Watson		Last		4. DATE OF DEATH	May	25 25	Do		Year 19 60
5. SEX Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	3	rch 2,	1872		9. AGE (In years lost birthday) 80 yrs.	Months	Days	Hours	R 24 HR Min.
during most of Bank Cl	ATION (Give kind of work working life, even if retired	done 10b.	kind of Business or ini Banking	DUSTRY	11. BIRTHPLACE		r foreign co	untry)		J.S.	WHATCA	OUNTRY
13. FATHER'S NAME  James	W. Watson			14.	MOTHER'S MA							
15. WAS DECEASED (Yes, no, or unknown) Unknown	EVER IN U. S. ARMED FO	service)	578-28-0502	Re	v. V.T.	Key	822	N. Carro		n Av	e.Bal	Lto.
Conditions, gove rise t couse (o), stat lying couse la		(b) O (c)	pertensive ca					: CONDITION GI	VEN IN PA		nknov	AUTOPS'
OR CONTRIBUT	T WAS UNDERLYING  TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)  UNURY Month, Doy, Y		CRIBE HOW INJURY OCCUR		ter noture of in					(County)	YES	NO C
Hour a.		While	Not while k of work	foctory,	street, office bl	ldg., etc.)		YA 17	41			
	eased alive an Ma		led the deceased from		ATTENDING PHYS.	MEI DIR	M, from	May 25 the causes at	nd an th	e date		b.DATE
22c. PHYSIGIAN NAME (Typ	James M.					. Car		on Avenu		lto.		
230. BURIAL, CREM. REMOVAL (Spe	23b. DATE THERE 5-27-6		Mt.Auburn					inore,	or county)	1	(Stol	e)
FUNERAL DIRECT		4	ADDRESS 78	ie	-		BY REGIST		ISTRAR'S S			

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			former at as as	
Park Committees				
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	Sen of the Esty Ties			

### FOR STATE HEALTH DEPT.

	MAR	YLAND STATE DE	PARTME	NT OF HEALT	H	
Division o	5328 MEDICAL	RCH AND RECORDS, L EXAMINER'S	CERTIFI	CATE OF D	EATH	05374
ACE OF DEAT	ne Arundel	MARYLAND	2. USUAL RE	SIDENCE (Where dece	asad livad, If institution b. COUNTY	Anne Arunde

•	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission
	a. COUNTY Anne Arundel MARYLAND	6. STATE Maryland 6. COUNTY Anne Arundel
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Annapolis	X Severna Park
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM?
3	Anne Arundel General Hospital	P. 0. Box 455
-0	3. NAME OF First Middle DECEASED ON A TEXT OF THE TEXT	Last 4. DATE Month Day Year
	(Type or print) CHARLENE ELIZABETH	WITSIL DEATH May 3 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female White WIDOWED DIVORCED 1	Nov. 26, 1945 last birthday) Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
	Student Jr. High	Hope, Arkansas USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	Charles P. Witsil Jr.	Elizabeth Robinson
-		NFORMANT Address
1		arles P. Witsil Jr. Father: Same as # 2
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Heart D	Disease (Malformation of
	7514 C DUE TO	Interventricular Septum)
	Conditions, if any, which (b)	ziioi voiioi zouzai popouni,
	gave rise to Immediata causa	
	(a), stating the underlying Cause last.	
		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTIONS  205. DESCRIBE HOW INJURY OCCURED. (EPICTURE OF DEATH.)	PERFORMED? YES X NO
-	208. EXTERNAL CAUSE WAS   2Db, DESCRIBE HOW INJURY OCCURED, (E	inter nature of Injury In Part I or Part II of item 18.)
	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	
	20c. TIME OF INJURY Month, Day, Year   2Dd, INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, ferm, '2Df. (City or town) (County) (State)
	at week 7	ory, streat, offica bldg., atc.)
	21. I certify that I took charge of the remains described above, he	Id an Autopsy X. Inspection , Inquiry , and in my opinion
ı	death resulted from: Natural causes XI, Accident I, Suici	
	death resulted from: Italiana causes per Action , Suici	CHIEF MEDICAL EXAMINER
	ACTUAL (1)	
A.	SIGNATURE CLAULS & Petty	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	DEPUTY MEDICAL EXAMINER  Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	C CREMATORY 22d. LOCATION (City, town, or country) (Stata)
	Burial May 7.1960 Wilmington&Bran	
	22 MINERAL DUBECTOR ADDRESS	248. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	MOPPING FUNE Annapolis, Marylan	nd DATE MAY 9 60 Griller S. Knows

TO D. IY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the Tuneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death. VS. A15ME 5M 7/59

SECRETARIONS STANDARD PARTIES CARROLLING NO. 185181 M. P. SEC. Indirect Isrand Johnse Sennt t de transfer de la companya de la c no die o ditambili. n• i no n neighborhaid (Seaidh C. Seaidh C. Seaidh C. Seaidh C. Seaidh C. Seaidh C. Seanna a seann a seann a s To mittanetial) eccesio fund Lathern with

SEALCH Courtes of Patry, T. W. S. L. Addition of the

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29/37

HOSP OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 Mars after death. Poge-4	th. Poge 4
may be refained by the haspital or attending physicion.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	ol director,
page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with	filed with
the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs offer dead.	7

6		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
22		5329 CERTIFICATE OF DEATH (1037) Reg. Dist. No.
7	(	PLACE OF DEATH D. COUNTY Anne Arundel  2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) D. COUNTY Anne Arundel  Maryland Anne Arundel
MI		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Annapolis  NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RUPAL ARNOLOGY  ON A STREET ADDRESS ON A FARM?
012		nne Arundel General Hospital / Rt. 1 Box 119 YES NOT
	- 1	NAME OF DECEASED Type or print)  Ralph  First  Middle  Lost  Wolfe  Wolfe  Month  Day  Year  DEATH  May  29 19 60
	S. S	Male White WIDOWED DIVORCED 12/1/894 P. AGE (In yeors   If UNDER 1 YEAR IF UNDER 24 HR:  Months Doys Hours Min.
1	7	Subjector Coast Luard Dagerstown We United State  14. MOTHER'S MANE  14. MOTHER'S MANE  12. CITIZEN OF WHAT COUNTRY  13. BIRTHPLACE (State or foreign country)  14. MOTHER'S MANE  14. MOTHER'S MANE
		Unknown Unknown
	1S. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give war or dates of service)  WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT The Work of Service
	7	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral homorrhage with hemiplegia, left 26 hours  Conditions, if any, which gave rise to immediate couse (a), stoting the under lying couse last.  (b) Hypertensive arterio sclerotic heart disease  DUE TO  (c)
0	IFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.)
	CERTIF	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.)
	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While Nat while of wark of wa
		21. I certify that I attended the deceased fram. August. , 19 56 ta May , 1960 that I last saw the decease
		alive an May 29 19 60, and that death accurred at 9:30 M, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE FRANCIS D. BOX 289
j		PHYSICIAN'S NAME (Type) Francis I. Codd, M.D. Severna Park, Maryland
,	-	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, argament) Island.  BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, argament) Island.
X	23.	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  DAMAY 3 1 '60  CATHUR S. FUNERAL DIRECTOR'S SIGNATURE  ON THE CONTROL OF THE CONTROL

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1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15376  1 tems 8,9 FilmG264 6-7-60 et  5387 CERTIFICATE OF DEATH	
عن ۳	5387 CERTIFICATE OF DEATH  Reg. Dist. No.	
Page	1. PLACE OF DEATH o. COUNTY AAA MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY	
death.	b. CLEV OR TOWN (If outside carporate limits, write STRAL and give nearest town)  C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	
by the 1	d. NAME OF HOSPITAL (IS not in hospitol, give street oddress)  OF INSTITUTION  ON A FARM  YES NO	?
filled and ges I on	3. NAME OF DECEASED (Type or print) Rome Entre Algorithms (Type or print) Rome Entre Algorithms (Type or print) Rome (Type or print) Ro	60
withi Pag	S. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 1. DATE OF BIRTH  WIDOWED DIVORCED 1/30 PM  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hours And Inches 1 YEAR)  WIDOWED DIVORCED 1/30 PM  9. AGE (In years IF UNDER 1 YEAR)  1051/50111009  1051/5011009  1051/5011009  1051/5011009  1051/5011009  1051/50111009  1051/5011009  1051/5011009  1051/5011009  1051/5011009  1051/5011009  1051/5011009	RS.
and cample oun papers.	100. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  105. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY DESCRIPTION OF WHAT COUNTRY	ITRY
e b corl	Stephen W. Game allen Same	
o certificat ng physici e remove 72 haurs	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Vas. no.gr unknown) (If yes, give wor or date of service)  Address  Address	
the death he attendi hen pleas ent within	18. CAUSE OF DEATH [Enter only one couse per time far (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  INTERVAL BETWEEN ONSET AND DEATH ONSET AN	
requires that ion. In signed by It nsit permit. T and in ony ev	Canditions, if ony, which gave rise to immediate cause (a), stating the <u>under.</u> Lying cause lost.  (b)  DUE TO	
physicic nas been rial-trans naval, a	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOP PERFORMED YES NO	-
tending ificate if the burner.	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)	
PHYSIC dal or at this cert r use as emation	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 20e. PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) (City or town) (County) (State of twork of work of work of two	ote)
ENDING he hospit R: After ached fo burial, cr	21. I certify that I attended the deceased from 1900, to 5/25, that I last saw the deceased alive on 5/25 M, from the causes and on the date stated ab	asec
ed by t RECTO be del	ACTUAL SIGNATURE CLOSE &. Ball 9 M.D. Sentence (Street, city or lown, stote) DATE SIGNATURE SIGNATURE SIGNATURE SIGNATURE	MED
OSPIZEL O	PHYSICIAN'S Charles L. Ball, M.D. Linthicum, Md.	
The Control	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  Burial 5/29/60 Maple Grove Shinglehouse, Pa.	
VS A1S (4) 15M 10/57	Hopping and Kirkley, Glen Burnie, May 240. REC'D BY REGISTRAR'S SIGNATURE  Apping and Kirkley, Glen Burnie, May 31'60  Outing S. Kuns	
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